



**OFFICE FOR WOMEN'S INITIATIVES AND OUTREACH**

TO: Sarah Branch,

FAX: 6-5557

DATE: \_\_\_\_\_

NUMBER OF PAGES (including cover sheet): 2

- FROM:
- BETSY MYERS, Director
  - LISA OSBORNE ROSS, Deputy Director
  - MARY DIXON, Agency Representative
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NOTES:  
Kennedy + Esboo materials

THE WHITE HOUSE  
OFFICE FOR WOMEN'S INITIATIVES AND OUTREACH  
708 JACKSON PLACE, NW  
WASHINGTON, DC 20503  
PHONE: (202) 456-7300 FAX: (202) 456-7311

February 5, 1997

Dear Colleague:

I plan to introduce legislation soon to require insurers to provide coverage for breast reconstruction, prosthesis, and other necessary expenses related to treatment for breast cancer. A companion bill (H.R. 164) has been introduced by Congresswoman Anna G. Eshoo in the House of Representatives.

In 1996, an estimated 182,000 women were diagnosed with breast cancer. Many of these women underwent mastectomy or other major surgery as part of their treatment. In such cases, reconstructive surgery should be an accessible and affordable part of the treatment. However, some insurance companies classify this important procedure as cosmetic, and refuse to provide coverage. The legislation I intend to introduce will end this unfair discrimination against a procedure which frequently is a necessary part of therapy for breast cancer.

At the present time, 12 states - Arizona, California, Connecticut, Florida, Illinois, Maryland, Michigan, Minnesota, Nevada, New Jersey, Rhode Island and Washington - require insurance coverage for breast reconstruction after mastectomy. Eight of these states - Connecticut, Florida, Illinois, Nevada, New Jersey, and Rhode Island - provide coverage for breast prostheses, and Michigan requires the inclusion of physical therapy services.

This legislation recognizes the importance of guaranteeing insurance coverage for the procedures, as an essential part of treatment for breast cancer, and in order to encourage early detection of such cancer. The legislation has been endorsed by the American Cancer Society, the National Breast Cancer Coalition, American Society of Plastic and Reconstructive Surgeons, the American Society of Women Surgeons, and a number of other organizations whose goal is to end the current unfair discrimination against breast cancer patients.

I urge you to join in supporting this reform. If you are interested in more information or would like to become a sponsor, please contact Dr. Arthur Safran on my staff at extension 4-6064.

Sincerely,

Edward M. Kennedy

01/16/97

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*Christine Holman  
L. Abbott Education*

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# Fact Sheet: the Reconstructive Breast Surgery Benefits Act

## Introduced by Rep. Anna G. Eshoo (D-CA)

The Reconstructive Breast Surgery Benefits Act would amend the Public Health Service Act and Employee Retirement Income Security Act to do the following:

- 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);
- prohibit insurance companies from denying coverage for breast reconstruction resulting from mastectomies on the basis that the coverage is for cosmetic surgery;
- prohibit insurance companies from denying a woman eligibility or continued eligibility for coverage solely to avoid providing payment for breast reconstruction;
- prohibit insurance companies from providing monetary payments or rebates to women to encourage such women to accept less than the minimum protections available under this Act;
- prohibit insurance companies from penalizing an attending care provider because such care provider gave care to an individual participant or beneficiary in accordance with this Act; and
- prohibit insurance companies from providing incentives to an attending care provider to induce such care provider to give care to an individual participant or beneficiary in a manner inconsistent with this Act.

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### The Reconstructive Breast Surgery Benefits Act would **NOT**:

- require a woman to undergo reconstructive breast surgery;
- apply to any insurance company that does not offer benefits for mastectomies;
- prevent an insurance company from imposing reasonable deductibles, coinsurance, or other cost-sharing in relation to reconstructive breast surgery benefits;
- prevent insurance companies from negotiating the level and type of reimbursement with a care provider for care given in accordance with this Act; and
- preempt state laws that require coverage for reconstructive breast surgery at least equal to the level of coverage provided in this Act.

**NATIONAL BREAST CANCER COALITION***- a grassroots advocacy effort -***Statement of****Frances M. Visco, Esq.  
President  
National Breast Cancer Coalition****on the Introduction of the  
Reconstructive Breast Surgery Benefits Act of 1997****January 30, 1997**

On behalf of the tens of thousands of National Breast Cancer Coalition members across the nation, I applaud Congresswoman Eshoo for her leadership in introducing the Reconstructive Breast Surgery Benefits Act. We endorse this legislation, which is an important step in realizing the Coalition's goal of ensuring that insured women have access to the health care they need, especially when facing the trauma of a mastectomy.

The National Breast Cancer Coalition is dedicated to the eradication of breast cancer through action and advocacy: it seeks to increase the influence of breast cancer survivors and other activists over research, clinical trials, and public policy and to ensure access to quality health care for all women. Therefore, we strongly support this legislation. One of the many issues a woman faces with a diagnosis of breast cancer is the possibility of losing one or both breasts. For those women, for whom this becomes a reality breast reconstruction is an absolute necessity. This law will make certain that no insured woman will be denied coverage for reconstructive surgery.

There is a need for this legislation today because, this nation lacked the courage to meaningfully reform our health care system by providing universal coverage and quality care to women and their families. Now market forces are propelling changes in the system and women should not be forced to pay the price by having ill-informed and austere limits placed on their care. The National Breast Cancer Coalition is still committed to universal access including quality care, and while we fight for that goal -- this legislation helps alleviate some of the worst shortcomings of our current system.

Therefore, the National Breast Cancer Coalition will continue to work with Congresswoman Eshoo, and will mobilize our nation-wide network of advocates to ensure that meaningful legislation like the Reconstructive Breast Surgery Benefits Act is enacted. Thanks to Congresswoman Eshoo for her work to ensure that breast cancer patients receive the health care they need.

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03/10/97 17:20

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February 19, 1997

**Anna G. Eshoo**  
14th District, California  
**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-0514

COMMITTEE ON COMMERCE  
SUBCOMMITTEES:  
TELECOMMUNICATIONS AND FINANCE  
OVERSIGHT AND INVESTIGATIONS  
REGIONAL WHIP  
CO-CHAIR,  
MEDICAL TECHNOLOGY CAUCUS

The Honorable William Clinton  
President of the United States  
The White House  
1600 Pennsylvania Avenue  
Washington, D.C. 20500

Dear President Clinton,

I'm seeking your support for the *Reconstructive Breast Surgery Benefits Act of 1997* (H.R. 164) which I introduced on January 7, 1997. This critical piece of legislation will end the short-sighted insurance practice of denying coverage for post-mastectomy breast reconstruction based on the false assumption that the surgery is merely a "cosmetic" procedure. In reality, reconstructive surgery is often an integral part of the mental and physical recovery of a woman who undergoes a traumatic amputation of her breast.

Approximately 85,000 American women undergo a mastectomy each year as part of their treatment for breast cancer. While this is a life-saving procedure, it's also a horribly disfiguring operation. Studies have demonstrated that many women say that fear of losing a breast is a leading reason why they do not participate in early breast cancer detection programs. More than 25,000 mastectomy patients each year elect to undergo a second procedure, known as breast reconstruction.

Reconstructive surgery is clearly an important component to breast cancer detection and recovery, yet insurance companies don't always see it that way. A recent survey conducted by the American Society of Plastic and Reconstructive Surgeons (ASPRS) found that 84% of respondents had up to ten patients who were denied insurance coverage for reconstruction of an amputated breast.

My legislation requires health insurance companies that provide coverage for mastectomies to also cover reconstructive breast surgery resulting from those mastectomies (including surgery to establish symmetry between breasts). To further protect breast cancer patients, the *Reconstructive Breast Surgery Benefits Act* prohibits insurance companies from denying coverage for reconstruction on the basis that the procedure is cosmetic surgery and forbids companies from denying a woman eligibility or continued eligibility for coverage just to avoid paying for reconstruction.

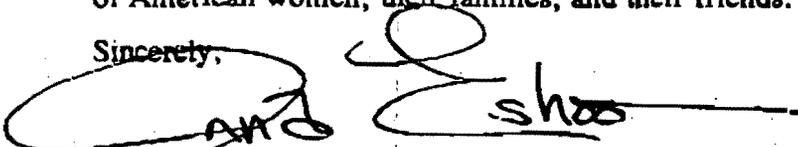
No woman is required to undergo reconstructive breast surgery under the Act and it does not apply to any companies that do not already offer benefits for mastectomies. Further, the legislation permits insurance firms to impose reasonable deductibles, coinsurance, and other cost-sharing in relation to reconstruction benefits. They can even negotiate the level and type of reimbursement with care providers for reconstructive services.

03/10/87 17:20

I'm very pleased that you are in full support of the DeLauro *"Drive-Through" Mastectomy Bill*, which you referenced in your State of the Union Address. In line with your fight against drive-through mastectomies, I respectfully request and urge you to endorse this legislation on breast reconstruction coverage as well.

Enclosed are recent press articles which will give you an idea of the enormous interest that this legislation has generated around the nation. I plan to hold a joint press conference in the near future with Senator Edward Kennedy to announce the introduction of the Senate companion bill. Your endorsement would greatly assist us in making a difference in the lives of American women, their families, and their friends.

Sincerely,



Anna G. Eshoo  
Member of Congress

AGE:kah

*from the office of*

*Senator Edward M. Kennedy  
of Massachusetts*

INTRODUCTORY STATEMENT FOR  
KENNEDY-ESHOO RECONSTRUCTIVE  
BREAST SURGERY BENEFITS ACT OF 1997

For Immediate Release:  
April 17, 1997

Contact: Jim Manley  
(202) 224-2633

Today I am introducing the Reconstructive Breast Surgery Benefits Act of 1997. An identical bill is being introduced by Representative Anna Eshoo in the House of Representatives. Our purpose in introducing this legislation is to improve the lives of thousands of women who suffer from breast cancer.

Breast cancer is the most common form of cancer in American women, affecting one woman out of every nine. Nearly three million American women are living with the disease, and 46,000 die from it each year. Over 180,000 more women will be diagnosed with breast cancer this year, and nearly half of the women will suffer the loss of one or both breasts in order to survive.

Reconstructive surgery or use of a prosthesis can help women cope with the consequences of this deadly illness. Every woman deserves the opportunity to have these important options available if breast cancer strikes. It is also a distressing fact that some women avoid early detection procedures, for fear that it may result in the loss of a breast if cancer is detected. For these women, breast reconstruction surgery should be available as a part of treatment, since its availability can alleviate fears about the disease and encourage life-saving early detection and treatment.

Many insurers classify this important medical procedure as cosmetic, however, and deny coverage for it. In addition, as many as 25% of women who undergo breast cancer treatments are affected by lymphedema, a complication resulting from mastectomy. Many insurers also refuse to cover treatment and management of this condition. This legislation will end these types of discrimination.

Currently, 12 states have laws that require coverage for breast reconstruction following mastectomy. Nine states require coverage for prosthesis. This legislation will extend these protections to all women.

This bill will amend the Public Health Service Act and the Employee Retirement Income Security Act in order to accomplish the following important actions.

It requires insurers and companies that provide coverage for mastectomy to provide coverage for reconstructive breast surgery, prosthesis and other treatments which may be necessary as a result of surgical complications, including lymphedema.

-MORE-

**SENATOR KENNEDY ON INTRODUCTION OF KENNEDY-ESHOO ACT 2-2-2**

It prohibits monetary payments or rebates that encourage a woman to accept less than the minimum medical protection available.

Finally, it prohibits insurers using penalties or incentives to encourage providers to furnish levels of care inconsistent with this legislation.

This bill has been endorsed by major national organizations involved in the diagnosis and treatment of breast cancer, including the American Cancer Society, the National Breast Cancer Coalition, the National Women's Health Network, and the national medical and nursing groups concerned with this disease.

Our goal is to end the cruel and arbitrary practice that unfairly discriminates against breast cancer patients and their needs. I look forward to early action by Congress, and I hope that it will receive the overwhelming bipartisan support it deserves.

# The Washington Post

WEDNESDAY, JANUARY 29, 1997

JUDY MANN

## Managed Care That Isn't Caring

**S**andy Marron, a Maryland state employee who lives in Bowie, was diagnosed with breast cancer in January 1995. On Feb. 3, she underwent a mastectomy and the first phase of breast reconstruction, which was covered by her health insurer.

When she finished eight sessions of chemotherapy, her plastic surgeon was ready to start the second phase of reconstruction, which involved an implant in the diseased breast and doing a lift in the non-diseased breast to achieve symmetry. Her surgeon told her, however, that her insurance company would not pay for the breast lift. "He said it was rarely covered."

She filed an appeal with the insurer and cited a position paper from the American Society of Plastic and Reconstructive Surgeons stating that breasts are paired organs. "You do need symmetry," she said.

She won her appeal, and she also won the support of her two state legislators, Del. Joan B. Pitkin (D-Prince George's) and Sen. Leo E. Green (D-Prince George's), who introduced legislation mandating insurance coverage for breast reconstruction on one or both sides after a mastectomy. That became state law last May.

Marron is now lending her support to federal legislation being sponsored by Rep. Anna G. Eshoo (D-Calif.) that would require insurance companies that cover mastectomies to also cover reconstruction, including surgery to establish symmetry. When she introduced the bill earlier this month, Eshoo said it would "guarantee that women with breast cancer are not victimized twice—first by the disease, then by their insurance companies." She noted that 85,000 American women had mastectomies in 1995.

She cited a survey by the American Society of Plastic and Reconstructive Surgeons finding that 84 percent of the physicians who responded had as many as 10 patients who were denied insurance coverage for reconstruction. The three procedures most often denied were symmetry surgery, revision of breast reconstruction, and nipple areola reconstruction.

"If it weren't for reconstruction, I don't think I would be at this stage with the disease," Marron says. "I wouldn't be as accepting and content with my life. The reconstruction allows me to be normal again, to feel good about myself again. I found it devastating to lose a breast."

Scott Spear, professor and chief of plastic surgery at Georgetown University Medical Center, says the refusal to cover reconstruction is a big problem that occurs at a time when patients are having a difficult time getting coverage even for basics. "If you take things that are less clear, the insurance industry really tortures patients and doctors. Things like adjusting breasts, this is one of the very inviting targets to say no [to]. . . . There are all kinds of gimmicks—legal and financial tricks—to make it hard for people to get what many of us see as appropriate care. We encounter it every day. It puts a big burden on patients psychologically and physically and on us.

"It's not just breast reconstruction. It permeates the whole health industry. It's frankly nauseating. This isn't managed care. It's mismanaged care."

Reconstruction that is done in three stages could be as low in cost as \$5,000 and as high as \$20,000, he says, depending on what procedure is done. Surgery to achieve symmetry on the non-diseased breast could range from \$1,500 to \$4,000. Hospital bills for reconstruction could range from \$10,000 to \$40,000. For most of us, footing that bill privately is out of the question.

"For some people, when they have a diagnosis of breast cancer, it's just such a heavy hit almost nothing helps them get over it," Spear says. "Add a mastectomy to that, and it can be a serious, depressing experience. The majority of people, when we do reconstruction, find it's the only silver lining in the cloud. . . . For many people it helps them get through this thing."

Breast reconstruction typically involves a series of surgeries over six to nine months. It also involves pain. The breast is never entirely whole again: Nerves are cut during the mastectomy that never heal, leaving areas with no feeling. But what it does offer is hope for some semblance of normalcy, some relief from the terror of cancer and the terror of mutilation.

For the insurance companies to refuse to pay for whatever reconstruction a doctor and patient agree is appropriate is simply unconscionable. In a climate of what Spear calls rationed health care, the federal government needs to step in and force the insurance industry to do what is right. It's the only way to make sure every woman who is diagnosed with breast cancer gets the best care that she can.



Devorah R. Adler  
11/28/2000 06:35:17 PM

Record Type: Record

To: Paul D. Glastris/WHO/EOP, glastris@aol.com

cc:

Subject: cancer accomplishments

here is everything we've done that could possibly bear on cancer. the big ones are starred. chris will call you -- page if you have questions, thanks, Devorah

### **CANCER ACCOMPLISHMENTS**

**Enacted unprecedented investments in biomedical research.** Funding for NIH has increased by \$7.3 billion since 1993 – an increase of 73 percent. In 1997, the President made a commitment to increase the NIH budget 50 percent over the next 5 years. Since that time, the NIH budget has increased by over \$4.3 billion, for an all-time high of \$18 billion. Last year, NIH received \$2.3 billion, a 15 percent increase over FY 1999 funding levels, to build on the President's commitment to biomedical research. With the \$1 billion increase proposed by the President in the FY 2001 budget, the Administration will be one year ahead of schedule in reaching the 50 percent goal. As a result, NIH now supports the highest levels of research ever on nearly all types of disease and health conditions, making new breakthroughs possible in vaccine development and use and the treatment of chronic and acute disease. \*\*

**Enacted historic comprehensive FDA reform that expedited the review and approval of new drug products (Public Law 105-115)** . The President signed into law the 1997 FDA Modernization Act that includes important measures to modernize and streamline the regulation of biological products; increase patient access to experimental drugs and medical devices; and accelerate review of important new medications. This reform builds on the administrative initiatives implemented under the Vice President's reinventing government effort which have led U.S. drug approvals to be as fast or faster than any other industrialized nation. Average drug approval times have dropped since the beginning of the Administration from almost three years to just over one year. \*\*

**Enacted new legislation to provide Medicaid coverage to certain uninsured women with breast and cervical cancer.** President Clinton enacted a new Medicaid option to provide needed insurance coverage to the thousands of uninsured women with breast and cervical cancer detected by Federally supported screening programs. This new proposal will help eliminate the current and frequently overwhelming financial barriers to treatment for these women. The Vice President and the First Lady, national leaders in the prevention, diagnosis, and treatment of breast cancer, strongly advocated for this initiative, which has been endorsed by the National Breast Cancer Coalition and other cancer groups. \*\*

**Issued an Executive Memorandum directing Medicare to reimburse providers for the cost of routine patient care associated with participation in clinical trials.** The President issued an Executive Memorandum directing the Medicare program to revise its payment policy and immediately begin to explicitly reimburse providers for the cost of routine patient care associated with participation in clinical trials. HHS was directed to take additional action to promote the participation of Medicare beneficiaries in clinical trials for all diseases, including: activities to increase beneficiary awareness of the new coverage option; actions to ensure that the information gained from important clinical trials is used to inform coverage decisions by properly structuring the trial; and reviewing the feasibility and advisability of other actions to promote research on issues of importance to Medicare beneficiaries. \*\*

**Issued executive order preventing genetic discrimination in Federal hiring and promotion actions.** In February of 2000, President Clinton signed an executive order prohibiting every civilian Federal Department and agency from using genetic information in any hiring or promotion action. This historic action prevents critical information from genetic tests used to help predict, prevent, and treat diseases being used against them by their employer. Since 1997, the Administration has called for legislation that will guarantee that Americans who are self-employed or otherwise buy health insurance themselves will not lose or be denied that health insurance because of genetic information. \*\*

**Increased Funding for Breast Cancer Research.** Since President Clinton and Vice President took office, funding for breast cancer research, prevention and treatment has more than doubled. This year, the Administration's budget will provide \$27 million in funding -- a 56 percent increase -- to learn more about environmental causes of diseases like breast cancer. In addition, the President has implemented the Mammography Quality Standards Act to ensure the quality of mammograms. Women can now find a certified mammography facility by calling 1-800-4-CANCER.

**Enacted legislation establishing protections for women recovering from mastectomies (Public Laws 105-277).** The President also enacted legislation that would ban drive-through mastectomies, allowing women to stay in the hospital at least 48 hours following a mastectomy.

**Created Office of Cancer Survivorship.** President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. The Office will support research covering the range of issues facing survivors of cancer.

**New preventive benefits in Medicare.** The BBA also: waived cost-sharing for mammography services and provided annual screening mammograms for beneficiaries age 40 and older to help detect breast cancer; established a diabetes self-management benefit; ensured Medicare coverage of colorectal screening and cervical cancer screening (early detection of cancer can result in less costly treatment, enhanced quality of life, and, in some cases, greater likelihood of cure); ensured coverage of bone mass measurement tests to help women detect osteoporosis, and increased reimbursement rates for certain immunizations to protect seniors

from pneumonia, influenza, and hepatitis. \*\*

**Launched new efforts to protect volunteers participating in clinical trials.** President Clinton announced that HHS is taking new steps to strengthen Federal oversight and increase the accountability of researchers conducting clinical trials with human subjects in order to protect the safety of individuals participating in all clinical trials, including: (1) issuing new guidelines stating that investigators must obtain new informed consent from participants after any unexpected death or serious adverse health event related to their clinical trial that may affect their willingness to participate; (2) issue new guidelines stating that Institutional Review Boards are expected to conduct an annual audit of safety protocols to ensure that informed consent has been obtained and is being maintained appropriately; (3) begin a systematic evaluation of the informed consent process to ensure that it safeguards the rights of trial participants; (4) proposing new civil monetary penalties of up to \$250,000 per individual and \$1 million per institution to promote compliance with current regulations; (5) expanding human safety training requirements for researchers; and (6) initial steps to address financial conflict of interest issues.

**Called for the passage of a strong, enforceable, Patients' Bill of Rights without further delay.** President Clinton has endorsed the Norwood-Dingell Patients' Bill of Rights, which passed the House with overwhelming bipartisan support. This legislation, endorsed by over 200 health care advocacy groups, is the only proposal that meets the Administration's fundamental criteria: that patient protections be real and that court enforced remedies be accessible and meaningful. The legislation includes: guaranteed access to needed health care specialists; access to emergency room services when and where the need arises; continuity of care protections; access to a fair, unbiased and timely internal and independent external appeals process; and an enforcement mechanism that ensures recourse for patients who have been harmed as a result of health plan's actions. \*\*

**Proposal to modernize Medicare's benefits by eliminating cost sharing for preventive services.** The President's Medicare reform plan would take strong new steps to ensure that Medicare beneficiaries have access the preventive services that have become essential elements of high-quality medicine by eliminating all cost sharing for all preventive benefits in Medicare.



Paul D. Glastris  
11/28/2000 03:09:55 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP

cc:

Subject: RA #2

----- Forwarded by Paul D. Glastris/WHO/EOP on 11/28/2000 03:10 PM -----



Paul D. Glastris  
11/28/2000 12:24:20 PM

Record Type: Record

To: Glastris@aol.com @ inet

cc:

Subject: RA #2

Public Papers of the Presidents

Public Papers of the Presidents

February 5, 2000

CITE: 36 Weekly Comp. Pres. Doc. 233

LENGTH: 730 words

HEADLINE: The President's Radio Address

BODY:

Good morning. Today I want to talk about what we can and must do to help more women get the lifesaving treatment they need to fight breast and cervical cancer. More than 180,000 American women will be diagnosed with these diseases this year. Each of us has a sister, a daughter, a friend, or in my case, a mother, who has struggled against them.

These cancers can be treated and cured -- if we catch them early and fight them aggressively. But more than 40,000 women will die from breast and cervical cancer this year. Many are women whose cancer was detected or treated too late because they had no health insurance and no hope of paying for treatment.

In fact, older women with breast cancer are 40 percent more likely to die from

the disease if they're uninsured. With strong leadership from the First Lady, we've worked hard over the past 7 years to increase free and low-cost cancer screenings and to help women catch these diseases in time.

We've expanded the National Breast and Cervical Cancer Early Detection Program to serve hundreds of thousands of women a year in all 50 States. And Vice President Gore has led us to make a dramatic increase in our commitment to cancer research and treatment. But still, it's true that every year, thousands of women are told they have cancer and must cope without insurance.

This is especially troubling, given the stunning progress scientists are making in the fight against cancer. Researchers now can identify genes that predict several kinds of cancers. They're experimenting with therapies that will shut down defective genes so they can never multiply and grow. New drugs and new combinations of drugs will bring hope to those whose cancer has spread, or who suffer from the side effects of chemotherapy.

These breakthroughs will make a big difference for some of our most prevalent cancers, like breast cancer, which strikes one in eight American women over a lifetime. But these lifesaving new therapies can only help if patients have insurance or other resources that enable them to afford state-of-the-art treatment or any treatment at all.

At a time when we know more about cancer than ever and can fight it better than ever, we must not leave women to face cancer alone. That's why today I'm announcing a proposal to help States eliminate the barriers low income women face to getting treatment for breast or cervical cancer. The budget I'm sending to Congress on Monday will allow States to provide full Medicaid benefits to uninsured women whose cancers are detected through federally funded screening programs. Too often, uninsured women face a patchwork of care, inadequate care, or no care at all. Many are denied newer, better forms of treatment or wait months to see a doctor.

Judy Lewis was one of the lucky ones. When a screening program detected her breast cancer, she had no health insurance and no money to spare. Fortunately, she found doctors who would treat her. And 17 months later, she's cancer-free. But she and her husband are also \$ 28,000 in debt, with nothing left for their retirement. That is wrong, and it doesn't have to happen.

This initiative will help women get comprehensive treatment, and get it right away. It will make state-of-the-art therapies available to women who need them, not just those who can afford them. And it will free State and Federal dollars to be spent on cancer screening and outreach to women at risk.

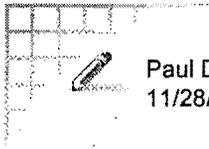
This proposal has strong bipartisan support in Congress, led by Senators Barbara Mikulski and Olympia Snowe and Representatives Anna Eshoo and Rick Lazio. It was also strongly supported by the late Senator John Chafee of Rhode Island.

These Senators and Representatives from both parties have put forward legislation to meet our goal, and my budget includes the funds to make it happen. This is an issue that transcends political boundaries, because it touches all of us. Together, we can save lives and bring medical miracles of our time within the reach of every American. We can do it this year, and we ought to do it soon.

Thanks for listening.

NOTE: The address was recorded at 1:43 p.m. on February 4 in the Oval Office at the White House for broadcast at 10:06 a.m. on February 5. The transcript was made available by the Office of the Press Secretary on February 4 but was embargoed for release until the broadcast.

LOAD-DATE: March 24, 2000

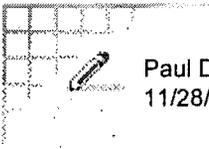


Paul D. Glastris  
11/28/2000 03:09:36 PM

Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP  
cc:  
Subject: RA 2000

----- Forwarded by Paul D. Glastris/WHO/EOP on 11/28/2000 03:10 PM -----



Paul D. Glastris  
11/28/2000 12:23:16 PM

Record Type: Record

To: Glastris@aol.com @ inet  
cc:  
Subject: RA 2000

Public Papers of the Presidents

Public Papers of the Presidents

October 7, 2000

CITE: 36 Weekly Comp. Pres. Doc. 2375

LENGTH: 786 words

HEADLINE: The President's Radio Address

BODY:

Good morning. Every year more than 56,000 Americans die from colorectal cancer, and another 130,000 are diagnosed with the disease. These are people we know and love, our families, friends, and neighbors. Today I want to talk about our common fight against this quiet killer and what we can do as a Nation to save more lives.

Many people are uncomfortable talking about cancer, especially colorectal cancer. And while all of us may be able to appreciate this reluctance, our silence protects no one, least of all those we love most. That's why so many Americans, tens of thousands of them, led by Katie Couric, have come to Washington this weekend to speak out and rally against colorectal cancer.

For 8 years now, the Vice President and I have made the fight against cancer one of our top priorities, nearly doubling funding for cancer research and treatment. We've also accelerated the approval of cancer drugs while maintaining the highest standards of safety. We've strengthened Medicare to make prevention, screening, and clinical trials more available and more affordable. During Breast Cancer Awareness Month, the Senate voted to fund our proposal to provide health coverage to uninsured women with breast and cervical cancer.

These efforts are paying off. Earlier this year we learned for the first time that cancer deaths in the United States are no longer rising. We need to build on that progress by encouraging more early detection and treatment. Colorectal cancer is the second-leading cancer killer in America. The good news is that caught soon enough, more than 90 percent of the cases can be cured. That's why in 1998 Hillary helped to launch the first national campaign against colorectal cancer, much as we've been working for years to defeat breast cancer.

Our family, like so many American families, knows all too well the terrible toll cancer can take, and we want to do everything we can to help others avoid that loss. Today I'm announcing several new actions in the war against cancer. First, the National Cancer Institute will invest \$ 30 million over the next 5 years to help doctors expand and improve screening procedures for colorectal cancer. We need to address the chronic underuse of these lifesaving tools, and this new investment will encourage physicians to make regular use of the most effective procedures.

Second, we're launching a new initiative to educate Medicare beneficiaries about the importance of regular checkups and cancer screenings. Beginning next year, every senior and every American with a disability using Medicare will get a screening reminder, starting with one on colorectal cancer, every time they go to their doctor or use Medicare's toll-free hotline.

Third, I'm urging Congress to pass bipartisan legislation that expands Medicare to include more sophisticated colorectal cancer screening tests for people over the age of 50. Congress should not adjourn before sending me this legislation. They should also pass my proposal to eliminate all cost-sharing requirements for colorectal screening and other preventive procedures under Medicare. If we take these steps, we'll remove major barriers to older Americans getting the preventive care they need.

And finally, once again I ask Congress to pass a strong, enforceable Patients' Bill of Rights, one that ensures that cancer patients, along with all patients, have access to the specialty care they need. It's time to put progress before partisanship and get people the medical care they need and deserve.

While the war against cancer is not yet won, we all have reason for new hope. Even as I speak, scientists are fast unlocking the secrets of the human genome, and revolutionary treatments are sure to follow. As they do, Americans should know that we'll do everything necessary to safeguard their privacy and to outlaw genetic discrimination in both employment and health insurance.

In the meantime, we must all stand watch against cancer, even if that means confronting at times our worst fears. None of us will ever die of embarrassment, so go to the doctor and get that screening done. Remember, with early detection, quality care, love from our families, and the grace of God, we can all

lead longer, healthier, and better lives.

Thank you.

Note: The address was recorded at 2:13 p.m. on October 6 in the East Room at the White House for broadcast at 10:06 a.m. on October 7. In his remarks, the President referred to Katie Couric, cohost of NBC's "Today Show" and cofounder of WebMD Rock 'n Race to Fight Colon Cancer. The transcript was made available by the Office of the Press Secretary on October 6 but was embargoed for release until the broadcast.

LOAD-DATE: November 9, 2000



Paul D. Glastris  
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Record Type: Record

To: Devorah R. Adler/OPD/EOP@EOP  
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Subject: 98 Remarks

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Paul D. Glastris  
11/28/2000 12:16:16 PM

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cc:  
Subject: 98 Remarks

Public Papers of the Presidents

Public Papers of the Presidents

October 21, 1998

CITE: 34 Weekly Comp. Pres. Doc. 2083

LENGTH: 1975 words

HEADLINE: Remarks on Funding for Breast Cancer Research

BODY:

The President. Thank you very much. I'm delighted to be here with this distinguished panel of people, and I hope I can communicate a little bit of what we've tried to do in this area in just a few moments. As all of you know, I think, I have been spending most of the last week in the Middle East peace talks at Wye Plantation on the Eastern Shore. And when I conclude my remarks, I have to go take a call from Secretary Albright and see if I'm going back. So I hope you'll forgive me for leaving.

Let me say I'm delighted to be here with all of you. I thank all of you for your work. I am glad to see Senator Jeffords here. I used to refer to Senator Jeffords as my favorite Republican, and then I was informed that I had endangered his committee chairmanship and his physical well-being. [Laughter] So I never do

that anymore, but I'm honored to have you back in the White House, Senator. And Mayor Beverly O'Neill from Long Beach, California, thank you for coming. And to all the rest of you.

Twenty-five years ago America declared war on cancer. Twenty-five years from now we have a good chance to have won the war. I hope the war on cancer 25 years from now will have about as much meaning to children in school as the War of 1812. I hope school children don't even know what chemotherapy means.

For nearly 6 years, we have worked hard to bring us closer to that day. We've helped cancer patients to keep their health coverage when they change jobs, accelerated the approval of cancer drugs while maintaining high standards of safety, continually increased funding for cancer research.

Recently, I named Dr. Jane Henney, the first woman and the first oncologist to be the Commissioner of the Food and Drug Administration. And I am pleased to report that about 2 hours ago she was actually confirmed by the United States Senate.

Thanks to the work of a lot of you in this room, we have made genuine progress. We're closing in on the genetic causes of breast cancer, colon cancer, prostate cancer, and now testing medicines to actually prevent those cancers. New tools for screening and diagnosis are returning to many patients the promise of a long and healthy life. From 1991 to 1995, cancer death rates actually dropped for the first time in history.

I'm especially proud of the 5 years of progress we've made in prevention, detection, and treatment of breast cancer. Not one day goes by that I don't think about my mother and, through her, all the other women in this country who have had that dreaded disease. It requires more than courage to deal with it. We all owe it to ourselves and our future to make the sustained commitment to research that, once and for all, can win this war.

Without research, there would be no mammography. Without research, there would be no genetic testing for vulnerability to breast cancer. Without research, there would be no -- how do you pronounce that --

Audience members. Tamoxifen.

The President. -- tamoxifen. I practiced this twice this morning. [Laughter] But since then, my chain of thought has been interrupted. [Laughter] Anyway, we wouldn't have it without research. [Laughter]

This afternoon, before I came over here, I signed the balanced budget that we fought so hard in the last days of this Congress. It has, among other things, breakthrough funding for cancer research and a general, large increase in research funding for our country's future, a part of the commitment that Hillary and I made when we ask Americans to honor the millennium by honoring our past and envisioning our future.

I'm pleased that the new budget includes a record increase of \$ 400 million in new support for the National Cancer Institute. With nearly \$ 3 billion in funding, NCI now will be able to fund critical new research, including a trial to expand the use of Herceptin to treat breast cancer earlier and 10 more new clinical trials for breast cancer treatment. This is an important victory for women's health. It

reflects a balanced budget that honors our values. And this, as in so many other things, I also would like to thank the Vice President, who spearheaded our drive to get the research funding into the budget.

If you will, I'd like to mention just a couple of other ways that this budget strengthens our Nation. First, it honors our duty of fiscal responsibility. It is a budget surplus that we now enjoy for the first time in nearly three decades, the largest in our history. And despite the temptations here just before an election to spend it on tax cuts and new spending programs, the budget actually meets my challenge to set aside the surplus until we save Social Security for the 21st century.

It also provides funding within the balanced budget to begin to hire 100,000 new teachers to reduce class size in the early grades, thousands of tutors to help children read, up to 100,000 mentors to help poor children prepare for college, after-school programs to give a quarter of a million children someplace to learn instead of the streets, a half a million summer jobs to teach young people the discipline and joy of work.

The budget strengthens our Nation in other ways as well. It will bolster our own prosperity and help us to meet our responsibilities to deal with the global economy turmoil by meeting our obligations to the International Monetary Fund. It actually strengthens the protection of the environment. It guarantees safer water, cleaner air, more pristine public lands. It will help struggling farmers who face natural disasters and dramatically declining markets as a result of the trouble in Asia.

We had to fight for each of these priorities, and the budget is not perfect. You know, I lost the line item veto in our court case, and there's a lot of little things tucked away there that I wish weren't in that budget. But on balance, it honors our values and strengthens our country and looks to the future.

Now, I believe that it's important to point out, too, that if we had the right sort of spirit throughout the year, we wouldn't have had to cram a year's worth of work into a 4,000-page, 40-pound document passed several days after the budget year had run out. There are still some elements of partisanship that I would like to note in the hope that they can be removed.

In the past few days, the Congress persisted in tying our United Nations dues to unrelated and controversial social provisions, which endanger the health of women and deny them even basic information about family planning, even though studies show that countries where women have access to strong family planning actually have fewer abortions.

I've made it clear many times that I will veto such provisions. Congress sent me the bill to fund our arrears to the United Nations, knowing full well I would do so. So today I did. I regret that. I regret, too, that the 105th Congress leaves town with unfinished business, challenges that must be met in the coming months and years to strengthen our families and our Nation.

The next Congress must pass the Patients' Bill of Rights. I might say there is bipartisan support for this, just not enough to get it by. Our plan says to cancer patients and all Americans: You should have the right to a specialist, such as an oncologist; you should not have to worry that you will have to change doctors in

the middle of a cancer treatment if your employer changes health care providers; you should have a right to an independent appeals process if critical treatment is delayed or denied. Managed care or traditional care, every American should have quality care.

The next Congress should act in other ways to strengthen the health of women. This year I asked Congress to cover clinical trials for Medicare beneficiaries so they, too, can get cutting edge treatment. [Applause] Thank you. And I asked Congress to outlaw discrimination based on the results of genetic screening. Both these measures failed to pass. The next Congress should pass them. The next Congress should also meet our obligations to our children by modernizing our schools. And above all, the next Congress must be the Congress that acts to save Social Security.

This year we had a series of bipartisan forums around the country on how to reform Social Security to meet the burdens that will be there when the baby boomers retire, and we'll only have about two people working for every one person drawing Social Security. We're going to have a national conference in December. We were successful in saving the surplus until we could consider the cost in future years of reforming Social Security.

Social Security lifted a generation of elderly Americans from poverty. Today, even though most Americans have other sources of income who draw Social Security, fully one-half of our seniors would be in poverty without it. So here at the White House on Friday we will talk about the vital importance of Social Security, especially to women, who have fewer pensions and smaller savings.

If we want to keep this commitment as strong for our children as it was for our parents, and if we want to see the baby boomers retire in dignity without imposing unfair burdens on our children and their ability to raise our grandchildren, we must act now.

I must say, I was disappointed a couple of days ago that the Senate majority leader said he may not now want to join me in reforming Social Security next year. If we don't, then there will be more pressure to squander this money on tax cuts or spending programs. I think that is unhelpful. We know that we can make modest changes now that have a huge impact down the road, in much the way that modest investments in research now have a huge impact down the road on health care. And I believe this is an issue which really binds the American people, not only across generations, but across political parties. None of us -- none of us -- wants to leave a legacy of burdening our children to support our retirement or risking that those of us who, unlike me, won't have a good pension, will face an undignified and impoverished old age just because the demographics are changing in America. So we need progress, not partisanship, on Social Security.

Now, there are 436 days left in this millennium. It can -- it should be a time when we redouble our efforts to honor our parents, to strengthen our Nation, to prepare for our children's future, and to honor the tenacity and courage that those of you here have shown every day in dealing with this great challenge.

Again, let me say, I am very proud of what this budget did for cancer research. I'm very proud of what we are doing together to deal with the challenge of breast cancer. I want you to know that, that I believe that we are within reach of genuine cures and genuine prevention strategies of stunning impact. And we have

to remember that on the things that really count, whether it's cancer research or saving Social Security or educating our children, this country needs to be united. This country needs to be reconciled to one another, all of us, across all the lines that divide us. There are plenty of things to fight about. But on the fundamental things, we need to be one. That is, parenthetically, the argument I've been making for a week out at the Middle East peace talks.

The only way that life ever really works is when we understand that they only victories that have lasting impacts are not victories over other people but victories for our common humanity. And that's what I'm going to work for now. To me, that's what every day your struggle against breast cancer symbolizes. And I'm very grateful to all of you.

Thank you, and God bless you.

NOTE: The President spoke at 4:15 p.m. in the East Room at the White House.



Paul D. Glastris  
11/28/2000 03:07:56 PM

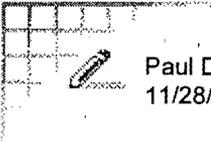
Record Type: Record

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Subject: Cancer TP

----- Forwarded by Paul D. Glastris/WHO/EOP on 11/28/2000 03:08 PM -----



Paul D. Glastris  
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To: Glastris@aol.com@inet

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Subject: Cancer TP

Final 10/9/98 10 p.m.  
Paul Glastris

**PRESIDENT WILLIAM J. CLINTON  
TALKING POINTS FOR  
G&P CHARITABLE FOUNDATION  
FOR CANCER RESEARCH EVENT  
SHERATON HOTEL, NEW YORK CITY  
October 12, 1998**

Acknowledgments: Mother Denise Rich, Milton Berle, CBS President/CEO Leslie Moonves

**Milton Berle is a record breaker in many ways.** He's been in show business for 85 years, one of the longest careers in industry history: He's performed in drag more than just about any other entertainer, with the possible exception of the road show cast of La Cage a

Folles. And, most impressive of all, he holds the Guinness Book of World Records for the most charity benefit performances of any entertainer ever.

**Twenty five years ago, America declared war on cancer.** Twenty five years from now, I hope that we will have won this war. Twenty five years from now, I hope that the war on cancer will have about as much meaning to school children as the War of 1812. Twenty five years from now, I hope those school children don't even know what the word "chemotherapy" means.

**The progress we are now making against cancer is nothing short of stunning.** We are closing in on the genetic causes of breast cancer, colon cancer, and prostate cancer, and testing medicines to **prevent** these cancers.

New tools for screening and diagnosis are returning to many patients the promise of a long and healthy life. And from 1991 to 1995, cancer death rates actually dropped for the first time in history.

**For the last six years, my administration has made fighting this terrible disease a top priority.** We've helped cancer patients to keep their health coverage when they change jobs. We've accelerated the approval of cancer drugs while maintaining safe standards. We've continually increased funding for cancer research.

**And in just the last few weeks we've taken four crucial new actions.** First, we have won from Congress the largest single increase in funding for cancer and other medical research in history. Second, I have directed the National Cancer Institute to expedite a new computer system that will give tens of thousands of cancer patients access to clinical trials of the kinds of cutting-edge cancer treatments that can save their lives.

Third, I have taken steps to ensure that by next year, cancer patients and advocates will have a seat at the table when the federal government sets the medical research agenda, because those who suffer from cancer know truths about this disease that even the experts don't understand.

And fourth, we have made \$15 million available to study the long-term effects of cancer treatments and how to prevent cancer recurrence. These grants have a special significance for us tonight because as you know, Gabriella herself succumbed to cancer as a result of the treatment she received for Hodgkin's disease. So we give these grants, Gabriella, with you in mind.

**But there is much more that we must do if we want to win this war as quickly as I believe we can.** We must convince the next Congress to pass a strong patients' bill of rights to ensure cancer patients high-quality care, as this Congress failed to do.

We must convince the next Congress to help Medicare beneficiaries with cancer to take part in clinical trials. We must convince the next Congress to confirm the first oncologist, Dr. Jane Henney, to be commissioner of the FDA.

And finally, we must convince Congress to take strong action to protect our children against the number one cancer threat, tobacco. The current Congress has taken none of these steps. The next Congress must.

## PRESIDENT CLINTON'S HEALTH CARE PRIORITIES FOR WOMEN

- **Introduced Legislation to Prevent Discrimination Based on Genetic Information.** The President has introduced bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums, or to distribute confidential information. In many diseases, such as breast cancer and Alzheimer's we are beginning to identify hidden genetic disorders and scientists anticipate that advances in genetics give us the potential to identify hidden tendencies toward nearly every disease. However, genetic testing also can be used by insurance companies and others to discriminate and stigmatize groups of people. In fact, studies show that a reason women do not get genetic testing for breast cancer is because they fear the information will be used to discriminate against them.
- **Strengthened and Preserved Medicare.** The Medicare program primarily serves women, covering approximately 22 million women, 57 percent of all Medicare beneficiaries. It is especially important to older women. There are 13 million women on Medicare who are over the age of 75 and 2.8 million who are over the age of 85 (twice the number of men over 85). The balanced budget strengthened and improved Medicare, providing new preventive benefits and choices for beneficiaries while extending the life of the Medicare Trust Fund for over a decade.
- **Combats Violence Against Women.** Millions of women throughout our nation are plagued by the terror of family violence. Approximately 20 percent of all emergency room visits by women result from domestic violence. President Clinton has given high priority to eliminating domestic violence from our communities. Through the Violence Against Women Office at HHS and DOJ, the Clinton Administration is taking strong steps to fight domestic violence including: creating a National Domestic Violence Hotline which has received over 100,000 calls; enhancing assistance for welfare recipients who are victims of domestic violence as they move to work; passing a new Federal Anti-Stalking Law and Domestic Violence Gun Law; and enhancing funding for domestic violence intervention and prevention through the Violence of Women Act.
- **Passed Legislation to Allow Mothers and Their Newborns 48-Hour Hospital Stays Following a Delivery.** Last year President Clinton signed legislation that protects mothers and their babies from drive-through-deliveries, ensuring them adequate stays in hospitals following a delivery. This law requires health plans to cover at least 48 hours following a delivery and 96 hours following a caesarian section.
- **Funds 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.

- **Passed the Family and Medical Leave Act.** (Rhetoric?)
- **Launched the NIH Women's Health Initiative.** This unprecedented multi-year study is investigating the major causes of death, disability, and frailty in post-menopausal women. Researchers are examining issues such as the effects of low-fat diets on prevention of breast and colon cancer and coronary heart disease and the effect of calcium and vitamin D supplementation on prevention of osteoporotic fractures. The trial portion of the study, being conducted with CDC, is evaluating strategies for adopting healthy behaviors such as improved diet, early detection for women of diverse races, and smoking cessation.
- **Implementing Reproductive Health Initiatives.** These initiatives include: efforts to reduce teen and unintended pregnancies; prevent Sexually Transmitted Diseases and AIDS including a new \$100 million prevention initiative for research and development of microbicides (a female control barrier for HIV/AIDS); and reduce infant mortality, including a nationwide campaign led by Mrs. Gore to reduce Sudden Infant Death Syndrome (SIDS).
- **Supports Legislation Which Prevents Women From Being Forced Out of the Hospital Only Hours After a Mastectomy.** President Clinton has endorsed bipartisan legislation to ensure that women are not forced out of the hospital before they are ready because of pressure from their health plan and called for Congress to move to pass this legislation. The Department of Health and Human Services also sent a letter to all Medicare managed care plans making clear that they may not set ceilings for inpatient hospital treatment or set requirements for outpatient treatment, and that a woman and her doctor should make decisions about what is medically necessary.
- **Continues HHS Commitment to Breast Cancer Research, Prevention and Training.** Since the Clinton Administration has taken office, funding for breast cancer research, prevention and treatment has nearly doubled, from about \$276 million in FY 1993 to an estimated \$513 million in FY 1997 budget. This includes money for breast cancer screening as well as **the NIH-funded discovery of two breast cancer genes -- BRCA-1 and BCRA-2 -- which holds great promise for the development of new prevention strategies.** On October 26, 1996, President Clinton announced \$30 million in new funding for research into the genetic basis of breast cancer.
- **Made Medicare Mammograms More Affordable.** The balanced budget enacted by the President this August included the President's proposal to waive deductible for all mammograms, making mammograms more affordable for older women. Costs can be a significant barrier for older women to get mammograms. Although Medicare has covered screening mammography since 1991, only 14 percent of eligible beneficiaries without supplemental insurance receive mammograms.

- **Expanded Medicare to Pay for Annual Screening Mammograms for all Medicare Beneficiaries Age 40 and Over.** The balanced budget expands coverage to pay for annual screening mammograms all Medicare beneficiaries age 40 and over, enabling women to follow the National Cancer Institute's (NCI) recommendations to undergo regular mammogram screening at forty.
- **Took Action to Bring Medicaid and Federal Employee Health Benefit Plans In Line With the NCI Recommendations.** The Health Care Financing Administration (HCFA) sent letters to every state Medicaid director encouraging them to cover annual mammogram screening beginning at age forty and make it clear that the federal government will provide federal matching payments for these services. President Clinton also directed the Office of Personnel Management to require all federal employee health benefit plans to cover annual mammograms beginning at age forty and he is encouraging all private plans to do the same.
- **Educates Older Women to Use the Medicare Mammography Screening Benefit.** The First Lady launched a mammography campaign to inform and encourage older women to use the Medicare mammography screening benefit.
- **Screens for Breast and Cervical Cancer for Low-Income Women.** CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to low-income elderly and minority women. On October 1, 1996, Secretary Shalala announced the expansion of the program to all fifty states. The goal is to reduce breast cancer deaths among these women by 30% and cervical cancer deaths by 90% through increased mammographies and pap testing.

## CLINTON ADMINISTRATION INITIATIVES TO FIGHT BREAST CANCER

- **Introduced Legislation to Prevent Discrimination Based on Genetic Information.** The President has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums, or to distribute confidential information. For many diseases, such as breast cancer, we are beginning to identify hidden genetic disorders which can spur early treatment. However, genetic testing also can be used by insurance companies and others to discriminate and stigmatize groups of people. In fact, studies show that a reason women do not get genetic testing for breast cancer is because they fear the information will be used to discriminate against them.
- **Took Action to Encourage Women to Follow National Cancer Institute's (NCI) Recommendations That Women Undergo Regular Mammogram Screening at Forty.** To bring Medicare, Medicaid, and federal employee health plans in line with the NCI's new recommendations, President Clinton is proposing that Medicare cover annual screening mammograms beginning at age forty and to eliminate coinsurance and deductibles for mammograms. The Health Care Financing Administration (HCFA) sent letters to every state Medicaid director encouraging them to cover annual mammogram screening beginning at age forty and make it clear that the federal government will provide federal matching payments for these services. President Clinton also directed the Office of Personnel Management to require all federal employee health benefit plans to cover annual mammograms beginning at age forty and he is encouraging all private plans to do the same.
- **Covers Annual Mammograms Screening for Medicare Beneficiaries.** The balanced budget included President Clinton's proposal to extend annual screening mammograms for Medicare beneficiaries over the age of 40. This proposal would make coverage consistent with the recommendations of most breast cancer experts.
- **Waives Cost-Sharing for Mammography Services.** The Balanced Budget Act eliminated the deductible requirement for annual mammograms for beneficiaries over age 40, thereby increasing early detection and treatment of breast cancer. Although Medicare has covered screening mammography since 1991, only 14 percent of eligible beneficiaries without supplemental insurance receive mammograms.
- **Prevents Women From Being Forced Out of the Hospital Only Hours After a Mastectomy.** In his State of the Union Address, President Clinton endorsed bipartisan legislation to ensure that women are not forced out of the hospital before they are ready because of pressure from their health plan. The Department of Health and Human Services also ~~recently announced that it was sending~~ a letter to all Medicare managed care plans making it clear that they may not set ceilings for inpatient hospital treatment or set requirements for outpatient treatment, and that a woman and her doctor should make decisions about what is medically necessary.

- **Built on HHS Commitment to Breast Cancer Research, Prevention and Training.** Since the Clinton Administration has taken office, funding for breast cancer research, prevention and treatment has nearly doubled, from about \$276 million in FY 1993 to \$513 million in the President's FY 1998 budget.

- **Continue Department of Defense Funding for Breast Cancer Funding.** In FY 1997, the DOD will spend \$112 million on breast cancer research. This is an unprecedented partnership between the military, scientists, physicians, and the community to fund grants to invigorate breast cancer research. *While the program is still in its early years, the* ~~the~~ *in* scientists involved have already published more than 380 manuscripts ~~about their work~~ and participated in more than 300 national and international meetings to share the knowledge they have gained. *Sentence about how they involve*

- **Increases funding for Gene Research.** HHS-funded research led to the discovery of two breast cancer genes -- BRCA-1 and BRCA-2 -- which holds great promise for the development of new prevention strategies. On October 26, 1996, President Clinton announced \$30 million in new funding for research into the genetic basis of breast cancer. *breast cancer survivors in regard*

- **Educates Older Women to Use the Medicare Mammography Screening Benefit.** The First Lady has launched a yearly mammography campaign to inform and encourage older women to use the Medicare mammography screening benefit. *This year the First Lady's campaign focuses particularly on populations w/ particularly low mammography utilization rates.*

- **Improves Mammography Quality Standards.** In October 1994, the FDA implemented a program for mammography standards in the United States to ensure that they meet standards for equipment, personnel, record-keeping, and quality control. The standards also require that facilities be inspected annually. Women can look for the FDA certificate as evidence that the facility meets quality standards. Women can also find a certified mammography facility by calling 1-800-4-CANCER. *Expanded Update this one based on FDA fact sheet*

- **Screens for Low-Income Women.** CDC's National Breast Cervical Cancer Early Detection Program offers free or low-cost mammography screening to low-income elderly and minority women. On October 1, 1996, Secretary Shalala announced the expansion of the program to all fifty states. The goal is to reduce breast cancer deaths among these women by 30% and cervical cancer deaths by 900% through increased mammographies and pap testing.

- **Promotes Imaging Technology.** HHS is working with other federal agencies, including NASA, the Defense Department, and the CIA, as well as private companies to adapt high-tech imaging technology to improve the early detection of cancer in women. In 1996, HHS, in collaboration with the CIA, awarded \$1.98 million to the University of Pennsylvania to conduct a series of clinical trials of imaging technology from the intelligence community- intended originally for missile guidance and target recognition- to improve the early detection of breast cancer. *isn't it applying space tech to using more-to-date tech*

- **Space Technology Used to Detect and Treat Breast Cancer.** NASA research and technology is improving ways to diagnose and treat breast cancer. NASA uses the microgravity of space to grow human tissue for research and transplantation and to gain *for example*

cut

*gaining*

valuable knowledge important to the treatment of breast and ovarian cancer. Mars  
· Pathfinder technology developed to enhance pictures is being modified to make three-dimensional models of breast tissue. This enables doctors to differentiate breast tissue more accurately without using painful invasive procedures.

**FIRST LADY ANNOUNCES HISTORIC INCREASE IN FUNDING FOR CANCER RESEARCH, NEW BREAST CANCER CLINICAL TRIAL, AND OTHER NEW STEPS TO FIGHT BREAST CANCER**

**October 21, 1998**

*"We are facing a critical juncture in the fight against breast cancer. Our national commitment, in the form of increased federal investment, additional private support -- and a lot of heart and hard work -- is beginning to pay off as we witness enormous progress against the disease. With more investments at this critical time, we can truly hope for a cure to this cancer that strikes so many women."*

First Lady Hillary Rodham Clinton

Today, in honor of Breast Cancer Awareness Month, First Lady Hillary Rodham Clinton announced: the largest funding increase in the National Cancer Institute (NCI); the largest clinical trial of drugs with the potential to prevent breast cancer; and an expanded mammography outreach campaign. The First Lady also unveiled a landmark five-year report from the Federal Coordinating Committee on Breast Cancer charting extraordinary progress in breast cancer research, prevention and treatment. The First Lady:

**Announced Record Funding Increases for the National Cancer Institute.** As part of the recent budget agreement, Congress passed a significant down-payment on the President's 21st Century Research Fund. Today, the First Lady announced that the National Cancer Institute will receive a total budget of over \$2.9 billion, a \$375 increase that will enable NCI to fund critical new research activities. Over ten percent of this increase will go to fund unprecedented efforts to revamping our clinical trials system to increase patient participation in this cutting edge research; new efforts to meet the President's challenge to translate new progress in genetics to create diagnostic techniques for every major cancer by the year 2000; and other new investments to develop new early detection methods. This increase will also fund seven new breast cancer treatment clinical trials, including a new trial to expand the use of Herceptin to treat breast cancer earlier. This new budget will build on historic increases in breast cancer at the NCI during the Clinton Administration from \$283 million in FY 1993 to \$433 million in FY 1998. The Department of Defense will spend an additional \$135 million on innovative peer-reviewed breast cancer.

**Announced Largest Clinical Trial of Drugs With Potential to Reduce the Risk of Developing Breast Cancer.** The First Lady also announced a new clinical trial to compare tamoxifen, a drug that has been shown to reduce the risk of developing breast cancer, to raloxifene, which researchers believe may also prevent the disease, but with fewer side effects. The unique STAR trial will involve 22,000 women at increased risk of breast cancer and is scheduled to open at approximately 400 sites across the United States and Canada early next year. Underscoring the need to examine all aspects of breast cancer, the First Lady also highlighted an ongoing trial at NIH that is examining the relationship between low-fat diet and disease.

**Expanded Awareness Campaign To Help Ensure Women Get Recommended Mammograms.** The First Lady also unveiled an expanded promotion campaign, including public service announcements, outreach and educational efforts to encourage women ages 65 years and older to get a regularly scheduled mammogram screenings. This year's campaign will emphasize the new mammography Medicare benefit that the President proposed and signed into law that covers annual mammograms and makes them more affordable. HHS is also expanding outreach efforts to special populations -- low-income and minority

women -- who tend to have the highest breast cancer mortality rates. For example, the Health Care Financing Administration has initiated a pilot program to provide free mammogram screenings and air public service announcements in key cities targeted to minority communities, while the Food and Drug Administration has developed and distributed educational materials to underserved communities around the country.

**Unveiled Landmark Report in Honor of Progress Against Breast Cancer in the Last Five Years.**

The First Lady also announced a new report from the Federal Coordinating Committee on Breast Cancer highlighting the accomplishments in breast cancer over the past five years, since the Administration took office. This report underscores critical progress the Administration has made, including:

- A significant investment in research--reaching over \$550 million in 1998 that has led to historic advances in breast cancer, such as the identification of new breast cancer genes, and promising new treatments, such as Taxol and Herceptin;
- Improved the quality and availability of prevention tools like mammograms, through efforts such as a new Medicare mammography benefit, an unprecedented outreach campaign to encourage older women to get mammograms, as well as improvements in the quality of mammograms through the Mammography Quality Standards Act;
- Enhanced access to treatment and quality of care for women with breast cancer by increasing access to cancer clinical trials, new projects to improve detection and care among low-income and minority women; and launching
- Innovative interagency and public-private partnerships that have made remarkable strides, such as applying the latest in defense and space technology to better detect cancerous tissues and to develop less intrusive surgeries for patients.

**Highlighted That Congress Has Adjourned Without Passing Critical Legislation to Advance the Fight Against Breast Cancer.** The First Lady also outlined the agenda that has yet to be included by this Congress including:

- **A Patients' Bill of Rights.** The Clinton Administration has repeatedly urged the Congress to pass a strong, enforceable patients' bill of rights that would assure Americans the quality health care they need. A patients' bill of rights contains critical patient protections for women with breast cancer, such as assuring access to specialists, continuity of care so that women are not required to change doctors in the middle of treatment, and an independent appeals process to address concerns that health plans are unfairly delaying or denying care.
- **Legislation to End Genetic Discrimination.** Studies show that a leading reason women do not get new genetic testing for susceptibility to breast cancer is because they worry about discrimination. To ensure that new advances in genetics are used to improve health rather than to discriminate against individuals, the President has called for legislation prohibiting health plans and employers from discriminating against individuals on the basis of their genetic information.
- **Bipartisan Initiative Authorizing Coverage of Cancer Clinical Trials for Medicare Beneficiaries.** Americans over the age of 65 make up half of all cancer patients, and are 10 times more likely to get cancer than younger Americans. Older Americans, however, frequently cannot participate in cutting-edge cancer clinical trials because Medicare does not pay for

experimental treatments. The Congress has adjourned without passing the Administration's proposal, similar to legislation supported by Senators Mack and Rockefeller, that authorizes coverage of clinical trials for Medicare beneficiaries without harming the Trust Fund.

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### **BREAST CANCER: NEW EFFORTS UNDERWAY**

*Overview: Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among American women. There is no proven way to prevent breast cancer, so early detection through mammography and clinical breast exams is essential.*

*For women age 50-69, having regular mammograms can reduce the chance of death from breast cancer by one-third or more. Despite these numbers, 33 percent of women ages 50-64, and 45 percent of women age 65 and older reported not receiving a mammogram during the past two years.*

*The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. HHS Secretary Donna E. Shalala convened a conference in December 1993 to establish a National Action Plan on Breast Cancer. The national plan, which is being carried out today by the public, private and volunteer sectors, is a key element of the Administration's commitment to fighting breast cancer.*

*At the same time, spending on breast cancer research at HHS' National Institutes of Health has increased from \$229 million in FY 1993 to \$401 million in FY 1997, and a proposed budget of \$408 million in FY 1998.*

*In 1995, First Lady Hillary Rodham Clinton launched a campaign urging older women to obtain mammograms, and, in particular, to promote use of Medicare coverage for mammography. Both the President and the First Lady have appeared in TV public service announcements encouraging older women to get mammography screening.*

*And this year, President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.*

### **Background: More Women Can Survive Breast Cancer**

The lifetime risk of developing breast cancer today is one in every eight women, up from one in every 13 women just two decades ago. Although death rates from breast cancer have been declining in recent years, breast cancer accounts for 31 percent of all cancers among women.

- Approximately 180,000 new cases of breast cancer will be diagnosed in 1997, and about 44,000 women are expected to die from breast cancer. Epidemiologic studies estimate that breast cancer will be diagnosed in 1.5 million American women in this decade and that breast cancer will claim nearly half a million lives.
- Death rates from the disease are highest among older, black, and low-income women. With proper screening and treatment, however, the chances of surviving breast cancer are improving. Breast cancer mortality trends among both black and white women have improved markedly in the United States since the 1980s. Between 1982 and 1987, breast cancer incidence for women increased about 4 percent per year, but recently has leveled off. The death rate for women with breast cancer declined 6.3 percent between 1991 and 1995. The greatest reductions in death rates were among younger women (9.3 percent) and white women (6.6 percent), with more modest reductions among African Americans (1.6 percent) and women age 65 and older (2.8 percent).
- During the most recent 5-year period, death rates among white women declined for all decades of age from 30 to 79 years. Among black women, rates were down for all decades of age from 30 to 69 years. Among both groups, the greatest improvements in mortality were seen in the younger age groups. For women aged 30 to 39 years, rates dropped about 13 percent among whites and 5 percent among blacks. For women aged 40 to 49 years, rates dropped 9 percent among whites and 2 percent among blacks.

### HHS Spending On Breast Cancer

HHS discretionary funding for breast cancer research, prevention and treatment has increased from approximately \$274 million in FY 1993 to an estimated \$513 million in FY 1997. As the Centers for Disease Control and Prevention (CDC) have worked to increase access for all women to mammography screening and follow up services, the resources devoted to breast cancer services have increased from an estimated \$42 million in FY 1993, to \$81 million in FY 1997. Cancer research is vital to our understanding of how to prevent, detect and treat breast cancer. The Clinton Administration has invested in breast cancer research at the National Institutes of Health by increasing funding from \$229 million in FY 1993, to \$401 million in FY 1997, and a President's budget request of \$408 million in FY 1998. HHS also helps provide treatment for breast cancer through the Medicare and Medicaid programs and through the Indian Health Service.

### HHS Action To Combat Breast Cancer

Under President Clinton, a wide array of activities are underway and new initiatives have been launched:

#### New Mammography Benefit

President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.

*The Working Group on Heredity Susceptibility* is evaluating the ethical, legal and policy issues of individuals carrying breast cancer susceptibility genes.

On October 27, 1996, President Clinton launched the National Action Plan on Breast Cancer (NAPBC) Internet web site. The web site, developed by a public/private partnership and coordinated by the Department of Health and Human Services Office on Women's Health, is designed to serve as a gateway to information on breast cancer research, treatment, and prevention. The web site provides answers on frequently asked questions about breast cancer, as well as information on the NAPBC, breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences, publications, and government and private resources. The web site address is: <http://www.napbc.org>.

#### Discovery of BRCA1 and BRCA2 Genes for Breast Cancer

Breast cancer research has been expanded at the National Institutes of Health. Promising news came late in 1994 when a team of investigators at the University of Utah, Myriad Genetics, and the National Institute of Environmental Health Sciences (NIEHS) identified a breast cancer susceptibility gene (BRCA1) that may account for 5-10 percent of the breast cancers diagnosed each year. The discovery of a second, entirely different breast cancer susceptibility gene, BRCA2, has helped us understand even more about the genetics of breast cancer. Most recently researchers discovered a particular variant of the BRCA1 susceptibility gene in Jewish women of eastern European descent (Ashkenazi Jews). While only 5-10 percent of all breast cancers are the result of an inherited anomaly, these findings hold promise for the development of new prevention and treatment strategies.

Other breast cancer research includes psychosocial research, which looks at how to enhance the quality of life in women with breast cancer, and the Breast Cancer Prevention Trial, which is studying ways in which to prevent breast cancer.

On October 27, 1996, President Clinton announced \$30 million in new funding for research into the genetic basis of breast cancer through a collaborative initiative between the Department of Defense and the National Institutes of Health.

#### Privacy of Medical Records and Breast Cancer

President Clinton is urging Congress to enact legislation to protect the privacy of personal medical records. For example, the Administration's recommendations would establish a basic national standard of protection for women who are carrying a specific genetic mutation such as those in breast cancer genes BRCA1 and BRCA2. There would be clear guidance and significant incentives for the appropriate use of personal information by those in the health care field, and real penalties for misuse.

## National Breast and Cervical Cancer Early Detection Program

The CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, minority, and Native American women nationwide. The resources devoted to breast cancer screening services have increased from an estimated \$42 million in FY 1993, to \$81 million in FY 1997. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

## Breast Cancer Among the Elderly

The Agency for Health Care Policy and Research (AHCPR) is currently funding a five-year Patient Outcomes Research Team study on the care, costs, and outcomes of early stage breast cancer. The study will examine three alternative treatments for early stage breast cancer in the elderly: modified radical mastectomy, breast-conserving surgery with radiotherapy, and breast-conserving surgery without radiotherapy. The project will look at quality and cost-effectiveness in these projects and will develop clear recommendations for treating early stage breast cancer in the elderly.

## New Frontiers In Breast Cancer Early Detection

The Department of Health and Human Services has been working with the Department of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer. In particular, the computer technologies that have been used to improve spy satellites may help improve breast cancer detection as well. In October, 1996, HHS awarded \$1.98 million to the University of Pennsylvania to conduct a series of clinical trials of imaging technology from the intelligence community -- originally used for missile guidance and target recognition -- to improve the early detection of breast cancer.

## Centers of Excellence

On October 1, 1996, the Department of Health and Human Services established six National Centers of Excellence in Women's Health to serve as national models for improving the health care of American women. The new Centers of Excellence program, with facilities located at academic institutions in different areas of the country, will integrate health care services, research programs, public education and health care professional training.

## Mammography Clinical Practice Guidelines

Recognizing the importance of the quality of screening mammograms in the early detection of breast cancer, the AHCPR in October 1994, developed a Clinical Practice Guideline--*Quality Determinants of Mammography*--with separate versions for mammography providers, health care professionals, and consumers. The guidelines provide information on the roles and responsibilities of each health care professional involved in mammography services, as well as information and recommendations for women.

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### Mammography for Women with Addictive and Mental Disorders

Women who are in need or who receive substance abuse or mental health services often lack appropriate primary health care, including breast cancer education, detection, and treatment. Women-focused substance abuse and mental health programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) are designed to be comprehensive, delivering primary health care services to women who often are medically underserved. These services include education on breast self-examination and mammography services, and counseling on risks for breast cancer.

### Environmental Factors and Breast Cancer

HHS' Office on Women's Health has established a Federal Interagency Coordinating Committee on the Environment and Women's Health that focuses on how home, work, atmospheric pollutants, exogenous hormones, drugs, and other environmental factors may contribute to the risk of breast cancer and other disorders.

### Office of Cancer Survivorship

On October 27, 1996, President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. Recent success of cancer prevention, early detection, and treatment efforts has created a new need: research into the physical, psychological, and economic well-being of the growing number of cancer survivors. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including long term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

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