

JACOBS INSTITUTE  
of WOMEN'S HEALTH



**Statement of Rebecca Gasca**

**on behalf of the Jacobs Institute of Women's Health,  
the National Research Center for Women & Families,  
and the National Women's Health Network**

***Supporting Plan A and Plan C as the Nevada Benchmark Insurance Plan***

September 28, 2012

Thank you for the opportunity to provide our views. I am submitting comments on behalf of three well-respected national women's organizations: the Jacobs Institute of Women's Health, the National Research Center for Women & Families, and the National Women's Health Network. All three of these national nonprofit organizations are dedicated to improving the health of women in the State of Nevada and across the country.

One issue of concern to all 3 organizations is insurance coverage for the medically necessary, timely removal of an implanted device when it fails or deteriorates in the body. Lack of insurance coverage for this care can lead to delays in removal which can have terrible repercussions for the health of the patient and enormous medical costs as well. The need for coverage for care of this kind rarely gets much attention, but it holds the potential to contribute to the health of many Nevada women and men who are living with implanted devices of many types.

These organizations are particularly concerned with, and supportive of, coverage for the removal of breast implants when such removal is medically necessary because of leakage or other serious health problems. The FDA, which regulates these products, clearly states that leaking implants should be removed as soon as possible.

Current federal law requires Medicare and virtually all types of insurance policies to cover the cost of reconstruction with breast implants after mastectomy. This coverage includes the implantation of a device on the opposite side as well, to provide balance. If those implants leak and need to be removed, the law also helps women with the expenses associated with that surgery. All the plans that Nevada is considering abide by that law.

However, only about 25 percent of women with breast implants are mastectomy patients, leaving **75 percent of the women with implants without the protection of federal law requiring coverage when their implants leak and require removal. Many women with implants are working women who can't afford to fix implant problems if insurance doesn't cover it. This is particularly an issue for young women, women in the entertainment business, others who get implants for job-related reasons, and for transgender individuals who use implants.**

Most implants will break within about 15 years. Medicare and Medicaid will often pay for the removal of breast implants when medically necessary, such as when the implants are leaking. **Nevada has been in the forefront** of protecting women from the risks of silicone leakage (because of women who died from pulmonary emboli related to silicone leakage), and we want to make sure that Nevada's benchmark plan provides similar coverage.

As a component of this testimony, I am submitting a spreadsheet that compares most of the plans being considered by the Health Insurance Exchange Board, including the three recommended to the Division of Insurance. Plan C, Plan A, and most of the other Health Plan of Nevada plans are very good about providing coverage for ruptured silicone gel breast implants and also will pay for breast MRIs to check for leakage. MRI coverage is important, because if MRIs aren't covered, women often get mammograms to check for leakage and the pressure from mammography can cause old implants to break and leak, exacerbating any previous problems.

Unfortunately, Plan F specifically excludes coverage for implant removal for the majority of women whose implants were initially for cosmetic purposes. This exclusion is not in most of the other benchmark plans being seriously considered in key states throughout the country.

Plan D is mostly silent about coverage for implant removal except when a silicone implant is leaking, and even that is vague. Several of the other plans are silent about removal or MRIs, which is better than the exclusions of Plan F but could result in women being unable to get leaking implants removed soon enough to protect their health.

In our experience, failing to provide such coverage is penny wise and pound foolish, because medically-necessary and timely removal will reduce problems caused by leaking implants, such as silicone leakage into the lymph nodes, and from there to the lungs or liver, or hardening of scar tissue (called capsular contracture) that can cause debilitating breast pain. In addition to the higher cost of treating such complications instead of preventing them, excluding coverage of medically necessary removal is very harmful to women's health. (Please note that we are discussing medically necessary removal only, we are not discussing replacement of broken implants.)

**We strongly prefer the Rocky Mountain Anthem BCBS PPO small group plan (which we believe is Plan C) as well as Plan A (HPN-POS) and most of the other**

**Health Plan of Nevada plans (except for the HMO state employee plan) because those plans specify coverage that will enable women to diagnose and remove these medical devices when they are ruptured or causing other serious health problems. Plan D (Public Employees Benefit Program) specifies at least some coverage for removing breast implants when medically necessary and would therefore not be as detrimental as Plan F, which specifically excludes such coverage even if a woman's health would be irreparably harmed as a result. We were not able to obtain the relevant information about the Aetna plan, so can't comment on that. However, of the 9 plans that Nevada is considering that we were able to review, Plan F (Hometown Health HMO) is the least helpful to women, including breast cancer patients, regarding breast implants.**