



Our Mission and Promise: To save lives and end breast cancer forever by empowering people, ensuring quality care for all, and energizing science to find the cures.

Bill of Rights for Breast Health Services in Oregon

A combination of Oregon and Federal laws require that certain breast health services be covered by most health insurance providers in Oregon.¹ In addition, the Oregon Breast and Cervical Cancer Program offers breast health services to qualifying low-income uninsured women but is restricted in the number of women that can be served by the limited funding that is available. The purpose of this document is to encourage you to seek more information, if necessary, from your insurance provider about these services or contact the Oregon Breast and Cervical Cancer program for possible screening services.

In addition, the State of Oregon Insurance Division includes a special section, the **Consumer Advocacy Unit**, which helps people resolve disputes with their health insurance companies about their coverage or lack of coverage. The **Consumer Advocacy Unit** also provides information and educational programs about insurance coverage to the public. The **Consumer Advocacy Unit** may be contacted toll free at 1-888-877-4894.

- 1. Women age 40 and over with health insurance are entitled to insurance coverage for an annual screening mammogram. No referral is necessary.**

A health insurance policy that covers hospital, medical or surgical expenses, other than coverage limited to accidents or specific diseases, must provide coverage for an annual screening mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider (ORS 743A.100, 2007).

¹ Accident only and specific disease policies, other limited benefit policies, and coverage offered under an employer's self-insured plan may not provide these benefits. Be sure to read your policy or check with your insurance provider before you seek services to verify coverage.

A mammogram can help find breast cancer early, when it is small and easier to treat. Susan G. Komen for the Cure® and the American Cancer Society recommend that all women get a screening mammogram every year beginning at age 40. You can schedule your mammogram at a mammography center without a referral, or ask your health care provider's office to refer you to one. For a complete list of mammography centers in Oregon and SW Washington, go to: http://www.komenoregon.org/Cancer_Education/

2. Women of any age with health insurance who have breast cancer symptoms or are at a high risk for breast cancer are entitled to insurance coverage for mammograms at any time with a referral.

A health insurance policy that covers hospital, medical or surgical expenses, other than coverage limited to accidents or specific diseases, must provide coverage of diagnostic mammograms for the purpose of diagnosis in symptomatic or high risk women at any time upon referral of the woman's health care provider. (ORS 743A.100, 2007).

If your health care provider has determined that you are at high risk for breast cancer or have symptoms that may indicate the possibility of breast cancer, your health insurance coverage must include diagnostic mammograms, provided that you have a referral from your health care provider.

3. Insured women are entitled to insurance coverage, payment or reimbursement for full mastectomy care including breast reconstruction.

Under both state and federal law, insurers must provide payment, coverage or reimbursement for mastectomy-related services as determined by the attending physician and the female patient to be part of her course or plan of treatment. Covered services include reconstruction of the breast on which a mastectomy was performed, surgery and reconstruction of the other breast to produce symmetry, prostheses, treatment of physical complications of mastectomy including lymphedemas and inpatient care related to the mastectomy and post-mastectomy services. (ORS 743A.110, 2007 and Women's Health and Cancer Rights Act, 1998).

4. Insured breast cancer patients are entitled to insurance coverage for orally administered chemotherapy.

A health benefit plan that provides coverage for chemotherapy treatment must provide coverage for a prescribed, orally administered anticancer medication used to kill or slow the growth of cancerous cells. (ORS 743A.068, 2007).

This law allows physicians and patients to explore both intravenous and orally administered anticancer medication options that may be appropriate for the cancer treatment.

5. Insured women who are participating in clinical trials are entitled to insurance coverage despite their participation in clinical trials.

Senate Bill 316 requires insurance providers to cover “medically necessary conventional care, items or services covered by the [health benefit plan] if typically provided absent a clinical trial.” Eligible clinical trials include certain FDA approved and NIH funded trials. Clinical trials can lead to improved care, more effective medication, and ultimately, cures, for a variety of diseases including breast cancer. (SB 316, 2009)

Clinical trials are studies performed with human subjects to test new drugs or combinations of drugs, new approaches to surgery or radiotherapy or procedures to improve the diagnosis of disease and the quality of life of the patient. This new Oregon law, passed in 2009, allows people who participate in clinical trials to maintain insurance coverage for standard services they are receiving while they participate in a clinical trial.

6. Women age 18 and older with health insurance are entitled to insurance coverage for complete and thorough clinical breast exams annually and at any time when recommended by the woman’s health care provider.

A health insurance policy that covers hospital, medical or surgical expenses, other than coverage limited to expenses from accidents or specific diseases, shall provide coverage for a complete and thorough physical examination of the breasts, including but not limited to a clinical breast examination, performed by a health care provider to check for lumps and other changes for the purpose of early detection and prevention of breast cancer. (ORS 743A.108, 2007)

Clinical breast exams can be helpful in finding tumors in the breast among women under age 40 for whom mammography is not recommended. For women age 40 and over, clinical breast exams combined with mammography can detect more cancers than mammography alone. It is important to ask your health care provider for a clinical breast exam if one is not offered.

- 7. Women ages 40-64 and women under age 40, with breast cancer symptoms, who meet the eligibility requirements may apply for no-cost breast cancer screening and diagnostic services through the Oregon Breast and Cervical Cancer Program.**

The Oregon Breast and Cervical Cancer Program (BCCP) offers qualifying low-income, uninsured, and medically underserved women no-cost clinical breast exams, screening mammograms, and breast cancer diagnostic services. To learn more about this program, eligibility requirements, and participating health care providers, go to: <http://oregon.gov/DHS/ph/bcc/>. Funding for this program, to which the Oregon & SW Washington Affiliate of Susan G. Komen For the Cure® is a major contributor, is limited and as such, the number of eligible women who can receive services is limited as well. Call the BCCP phone number at 1-877-255-7070 for current eligibility information.

- 8. Eligible women who are diagnosed with breast cancer through the Oregon Breast and Cervical Cancer Program are entitled to breast cancer treatment services through the Oregon Department of Human Services.**

If a woman is 64 or younger, does not otherwise have creditable coverage, is screened and diagnosed with breast or cervical cancer through the Oregon Breast and Cervical Cancer Program, and is a legal Oregon resident, she is presumed by the Oregon Department of Human Services to be eligible for assistance for treatment under the Oregon Health Plan. (ORS 414.534 and ORS 414.536, 2007; Federal Breast and Cervical Cancer Prevention and Treatment Act, 2000)

Important! In order to qualify for medical assistance for treatment, you must have received your breast cancer diagnosis through the Oregon Breast and Cervical Cancer Program.