

Dear Senator Ted Cruz,

subject: Please support efforts to preserve access to natural breast reconstruction

I am writing to ask for your assistance in an important issue that has a significant impact on women's health and cancer treatment. As you may be aware, the Centers for Medicare and Medicaid Services (CMS) plans to end coverage (December 2024) for procedure code S2068, which allows insurance reimbursement for the breast reconstruction surgery called deep inferior epigastric perforator (DIEP) flap. This decision has had a devastating impact on women who are seeking breast reconstruction surgery following a mastectomy, including myself.

As someone with [insert personal story here] I have made the difficult decision to undergo a bilateral prophylactic mastectomy with DIEP flap reconstruction. However, due to CMS guidance, my insurance provider will no longer cover the DIEP flap reconstruction surgery beginning on 3/12/23. This leaves me and many other women with limited options for breast reconstruction surgery, as the remaining options may not meet our needs or preferences.

The benefits of DIEP flap breast reconstruction surgery are clear. It allows for a more natural reconstruction of the breast using a woman's own tissue, resulting in fewer complications and a better quality of life. Additionally, this type of surgery does not require the removal of any abdominal muscles, reducing the risk of long-term complications and allowing women to lead an active and productive life.

Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protection to patients who choose to have breast reconstruction in connection with a mastectomy. If an insurance company accepts payment for a mastectomy, it must provide the patient with breast reconstruction (implants, going flat, or using the patient's tissue to recreate the breast). This amounts to numerous surgeries until the patient feels restored, with symmetry, and beauty.

If I chose to proceed with my preferred breast reconstruction option - mastectomy followed by DIEP flap breast reconstruction, I will have to pay out of pocket \$50,000 for the DIEP flap portion of the surgery. Both Cigna and CMS are violating the rights afforded to me by the WHCRA. If only Cigna had told me during the open enrollment period, I could have joined another insurance carrier that would have honored the federal law and provided me insurance coverage for the reconstruction that best suits me and my body.

I believe that access to quality breast reconstruction surgery should be a fundamental right for all women. I am asking for your help in advocating for the reinstatement of procedure code S2068 by CMS, which will allow insurance providers to reimburse for DIEP flap reconstruction surgery. This will ensure that women who undergo mastectomy can choose the most appropriate and safe form of breast reconstruction surgery for their individual needs, without being limited by financial constraints.

I am grateful for your time and attention to this important matter. Your support can make a significant difference in the lives of countless women who are impacted by this change in CMS coverage.

Sincerely,  
[your name here]