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Chief Executive Officers of America's Largest Commercial Health Insurers:

We write today encouraging you to take action to engage with people who have survived cancer and had or need breast reconstruction, review how your internal payment policies have impacted those people and evaluate the composition of your networks in order to work with breast microsurgeons to keep or bring them in network. We believe these steps are necessary to ensure that your enrollees – people who are trying to recover from cancer – do not lose access to microsurgical autologous breast reconstruction.

Over the past year, the undersigned organizations have seen several commercial health insurance companies introduce categorical changes to their coverage policies for microsurgical breast reconstruction. These changes are triggering disturbing reductions in access to this type of care. Together, we represent breast cancer patients, cancer care advocates, and healthcare providers from throughout the breast cancer care continuum. We are working to raise awareness of reductions in access to autologous breast reconstruction and support public and health insurance company policy changes that make that option available to all people who have a mastectomy and want to undergo breast reconstruction.

Microsurgical breast reconstruction techniques like deep inferior epigastric perforator (DIEP) flaps are considered an improvement over their predecessor, the transverse rectus abdominis muscle (TRAM) flap. This improved procedure helps a patient return to life quicker and without the higher risk of lifelong disability that comes with the TRAM flap, and it is typically accomplished with just one procedure, unlike reconstruction options involving prostheses. For these and other reasons, microsurgical breast reconstruction is objectively very good for patients, and you should be working to increase access to it.

Yet, planned autologous reconstruction surgeries have already been cancelled as a direct result of policy changes at private health insurance companies. This means some people affected by breast cancer will be

forced into treatment plans that differ from their preferred approach, their choice. For some people, no breast reconstruction option will be available, because if someone receives radiation treatment or needs wide skin resection, that often means autologous reconstruction is their only option. We find that deeply concerning and representative of a health care access problem that should and can be addressed. Please reverse course and ensure every person who receives a mastectomy has all reconstructive approaches available as a treatment option.

Microsurgical breast reconstruction offers tremendous advantages to patients and to the health system through the quality of outcomes associated with it and reported patient satisfaction; we have experts, advocates, and patients who are committed and ready to talk with you in detail about those advantages. While some of our organizations are conducting meetings with some of your companies on this issue at the medical management level, we encourage you all to <u>proactively host individual company town hall discussions with stakeholder groups impacted by any changes your company may have enacted or may be considering to its reimbursement policies for breast reconstruction. We urge you to, at minimum, talk to your beneficiaries and others who survived breast cancer only to lose access to the reconstructive approach of their choice. This is the *only* way you can adequately understand the impacts of these changes, which go far beyond internal company coding processes or dollars and cents. The reverberations of these changes touch people's psychosocial and physical well-being, broad questions about healthcare access, and the potential exacerbation of profound disparities and inequities that already impact many communities at an unacceptable level, particularly minority women.</u>

Thank you for your consideration of our request. We sincerely hope we have an opportunity to speak at length with each of your companies soon.

Sincerely, The Breasties Breastoration Breast Implant Safety Alliance Community Breast Reconstruction Alliance Curémonos DiepCJourney Foundation FORCE: Facing Our Risk for Cancer Empowered Living Beyond Breast Cancer National Coalition for Cancer Survivorship NothingPink, South Carolina Patient Empowerment Network **SHARE Cancer Support** Sharsheret Susan G. Komen Triage Cancer Triple Negative Breast Cancer Foundation The Young Breast Cancer Project Virginia Breast Cancer Foundation

American Association of Tissue Banks

American Society of Breast Surgeons

American Society of Plastic Surgeons

American Society of Reconstructive Microsurgery

Arizona Society of Plastic Surgeons

California Society of Plastic Surgeons

Connecticut Society of Plastic Surgeons

Florida Society of Plastic Surgeons

Georgia Society of Plastic Surgeons

Illinois Society of Plastic Surgeons

Louisiana Society of Plastic Surgeons

Maryland Society of Plastic Surgeons

Massachusetts Society of Plastic Surgeons

Minnesota Society of Plastic Surgeons

Mountain West Society of Plastic Surgeons

New England Society of Plastic and Reconstructive Surgeons

New Jersey Society of Plastic Surgeons

New York Regional Society of Plastic Surgeons

New York State Society of Plastic Surgeons

North Carolina Society of Plastic Surgeons

Northeastern Society of Plastic Surgeons

Northwest Society of Plastic Surgeons

Ohio Valley Society of Plastic Surgeons

Robert H. Ivy Society of Plastic Surgeons

Southeastern Society of Plastic & Reconstructive Surgeons

South Carolina Society of Plastic Surgeons

Tennessee Society of Plastic Surgeons

Texas Society of Plastic Surgeons

Virginia Society of Plastic Surgeons

Washington Society of Plastic Surgeons

Wisconsin Society of Plastic Surgeons

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