



AMERICAN SOCIETY OF
PLASTIC SURGEONS®



THE PLASTIC SURGERY
FOUNDATION®

Executive Office

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September 26, 2017

The Honorable Joseph K. Miner, MD, MSPH
Executive Director
Utah Health Department
PO Box 141000
Salt Lake City, UT 84114

RE: Utah R414-1-29

Dear Executive Director Miner:

The American Society of Plastic Surgeons (ASPS) opposes the proposed amendment to Utah R414-1-29 to limit Medicaid coverage for reconstructive breast surgery. ASPS is the largest association of plastic surgeons in the world, representing more than 7,000 members and 94% of all board-certified plastic surgeons in the United States. Our mission includes ensuring that women are fully informed of their breast reconstruction options.

Breast reconstruction usually requires more than one surgery: placement of a tissue expander either at the time of mastectomy or later, followed by exchange for a permanent prosthesis, followed by nipple/areolar reconstruction. Women choosing autologous reconstruction with their own skin and fat also require more than one surgery. Some patients need a revisional surgery because the initial result is unsatisfactory, or because aging or weight fluctuation alter the result causing asymmetry or discomfort. Limiting coverage could result in some women receiving an incomplete reconstruction, suffering from difficult-to-camouflage asymmetries, or having pain or discomfort that could easily be remedied by another surgical intervention. What if a woman suffers an implant failure? The FDA recommends replacement of broken implants. Will Utah ignore FDA guidelines by not allowing this? We now know that women reconstructed with textured breast implants have a rare, but real risk of developing breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). Surgical removal of the breast implants and the surrounding scar tissue capsule is essential for the management of BIA-ALCL. Denying coverage for this “additional” procedure risks that woman’s life.

Some breast cancer patients require chemotherapy and/or radiation therapy. These treatments can result in complications such as infection, excessive scarring, and deformity that also require additional surgery. The regulatory provision eliminating “or previous therapeutic intervention” is very troublesome, as it is unclear whether necessary surgical services to remedy these post-therapeutic complications would be covered.

We urge the department to reconsider the proposed changes to Utah R414-1-29 in order to ensure that women in need receive the quality and depth of care that they deserve. Please do not hesitate to contact Patrick Hermes, Senior Manager of Advocacy and Government Affairs, with any questions at phermes@plasticsurgery.org or (847) 228-3331.

Regards,

A handwritten signature in black ink that reads "Debra Johnson MD". The signature is written in a cursive style with a long, sweeping underline.

Debra Johnson, MD
President, American Society of Plastic Surgeons