

ASSEMBLY BILL

No. 1795

Introduced by Assembly Member Atkins

February 4, 2016

An act to amend Sections 104150, 104161, and 104161.1 of the Health and Safety Code, relating to health care programs.

LEGISLATIVE COUNSEL'S DIGEST

AB 1795, as introduced, Atkins. Health care programs: cancer.

Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law defines “period of coverage” as beginning when an individual is made eligible for a covered condition and not to exceed 18 or 24 months, respectively, for a diagnosis of breast cancer or a diagnosis of cervical cancer.

This bill would delete that definition and, instead, provide that the treatment services be for the duration of the period of treatment for an individual made eligible for treatment due to a diagnosis of breast cancer or cervical cancer, or who is diagnosed with a reoccurrence of breast cancer or cervical cancer, as long as the individual continues to meet all other eligibility requirements. The bill would require the department to provide breast cancer screening and diagnostic services to individuals of any age who are symptomatic, as defined, and to individuals who are 40 years of age or older, who meet the other eligibility requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 104150 of the Health and Safety Code
2 is amended to read:

3 104150. (a) (1) A provider or entity that participates in the
4 grant made to the department by the federal Centers for Disease
5 Control and Prevention breast and cervical cancer early detection
6 program established under Title XV of the federal Public Health
7 Service Act (42 U.S.C. Sec. 300k et seq.) in accordance with
8 requirements of Section 1504 of that act (42 U.S.C. Sec. 300n)
9 may only render screening services under the grant to an individual
10 if the provider or entity determines that the individual's family
11 income does not exceed 200 percent of the federal poverty level.

12 (2) Providers, or the enrolling entity, shall make available to all
13 applicants and beneficiaries, prior to or concurrent with enrollment,
14 information on the manner in which to apply for insurance
15 affordability programs, in a manner determined by the State
16 Department of Health Care Services. The information shall include
17 the manner in which applications can be submitted for insurance
18 affordability programs, information about the open enrollment
19 periods for the California Health Benefit Exchange, and the
20 continuous enrollment aspect of the Medi-Cal program.

21 (b) (1) The department shall provide for breast cancer and
22 cervical cancer screening services under the grant at the level of
23 funding budgeted from state and other resources during the fiscal
24 year in which the Legislature has appropriated funds to the
25 department for this purpose. These screening services shall not be
26 deemed to be an entitlement.

27 (2) *The department shall provide breast cancer screening and*
28 *diagnostic services to individuals of any age who are symptomatic,*
29 *and to individuals who are 40 years of age or older, who meet the*
30 *other eligibility requirements.*

31 (3) *For purposes of this section, "symptomatic" means an*
32 *individual presenting with an abnormality or change in the look*
33 *or feel of the breast, including, but not limited to, a lump, a hard*
34 *knot, thickening or swelling of the breast tissue, a change in the*
35 *color, size, or shape of the breast, or any discharge from the nipple.*

36 (c) To implement the federal breast and cervical cancer early
37 detection program specified in this section, the department may
38 contract, to the extent permitted by Section 19130 of the

1 Government Code, with public and private entities, or utilize
2 existing health care service provider enrollment and payment
3 mechanisms, including the Medi-Cal program’s fiscal intermediary.
4 However, the Medi-Cal program’s fiscal intermediary shall only
5 be utilized if services provided under the program are specifically
6 identified and reimbursed in a manner that does not claim federal
7 financial reimbursement. Any contracts with, and the utilization
8 of, the Medi-Cal program’s fiscal intermediary shall not be subject
9 to Chapter 3 (commencing with Section 12100) of Part 2 of
10 Division 2 of the Public Contract Code. Contracts to implement
11 the federal breast and cervical cancer early detection program
12 entered into by the department with entities other than the Medi-Cal
13 program’s fiscal intermediary shall not be subject to Part 2
14 (commencing with Section 10100) of Division 2 of the Public
15 Contract Code.

16 (d) The department shall enter into an interagency agreement
17 with the State Department of Health Care Services to transfer that
18 portion of the grant made to the department by the federal Centers
19 for Disease Control and Prevention breast and cervical cancer early
20 detection program established under Title XV of the federal Public
21 Health Service Act (42 U.S.C. Sec. 300k et seq.) to the State
22 Department of Health Care Services. The department shall have
23 no other liability to the State Department of Health Care Services
24 under this article.

25 SEC. 2. Section 104161 of the Health and Safety Code is
26 amended to read:

27 104161. For the purposes of this article, the following
28 definitions shall apply:

- 29 (a) “Covered conditions” means breast or cervical cancer.
- 30 (b) “Breast cancer” includes primary, recurrent, and metastatic
31 cancers of the breast, including, but not limited to, infiltrating or
32 in situ.
- 33 (c) “Cervical cancer” includes all primary, recurrent, and
34 metastatic cancers of the cervix, including, but not limited to,
35 infiltrating or in situ, as well as cervical dysplasia.

36 ~~(d) “Period of coverage” means the period of time beginning~~
37 ~~when an individual is made eligible under this article for a covered~~
38 ~~condition and shall not exceed the period of time the individual’s~~
39 ~~eligibility for treatment services for a covered condition concludes,~~
40 ~~as described in Section 104161.1.~~

1 (e)

2 (d) “Treatment services” means those health care services,
3 goods, supplies, or merchandise medically necessary to treat the
4 covered condition or conditions with which the individual made
5 eligible under this article has been diagnosed.

6 (f)

7 (e) “Uninsured” means not covered for breast or cervical cancer
8 treatment services by any of the following:

9 (1) No cost full scope Medi-Cal.

10 (2) Medicare.

11 (3) A health care service plan contract or policy of disability
12 insurance.

13 (4) Any other form of health care coverage.

14 (g)

15 (f) “Underinsured” means either of the following:

16 (1) Covered for breast or cervical cancer treatment services by
17 any health care insurance listed in paragraph (2), (3), or (4) of
18 subdivision ~~(f)~~, (e), but the sum of the individual’s insurance
19 deductible, premiums, and expected copayments in the initial
20 12-month period that breast or cervical cancer treatment services
21 are needed exceeds seven hundred fifty dollars (\$750).

22 (2) Covered by share-of-cost or limited scope Medi-Cal, if the
23 individual is not otherwise eligible for treatment services under
24 the Medi-Cal program pursuant to Section 14007.71 of the Welfare
25 and Institutions Code.

26 SEC. 3. Section 104161.1 of the Health and Safety Code is
27 amended to read:

28 104161.1. (a) When an individual is made eligible for
29 treatment services under this article due to a diagnosis of breast
30 cancer, ~~the period of coverage treatment services shall not exceed~~
31 ~~18 months. After 18 months, the individual’s eligibility for~~
32 ~~treatment services for the cancer condition that made this individual~~
33 ~~eligible concludes. *be for the duration of the period of treatment,*~~
34 ~~as long as the individual continues to meet all other eligibility~~
35 ~~requirements.~~

36 (b) When an individual is made eligible for treatment services
37 under this article due to a diagnosis of cervical cancer, ~~the period~~
38 ~~of coverage shall not exceed 24 months. After 24 months, the~~
39 ~~individual’s eligibility for treatment services for the cancer~~
40 ~~condition that made this individual eligible concludes. *shall be for*~~

1 *the duration of the period of treatment, as long as the individual*
2 *continues to meet all other eligibility requirements.*
3 *(c) If an individual is diagnosed with a reoccurrence of breast*
4 *cancer or cervical cancer, whether at the original cancer site or*
5 *a different cancer site, the individual shall be eligible for coverage*
6 *for the duration of the period of treatment, as long as the individual*
7 *continues to meet all other eligibility requirements.*

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