

AMENDED IN ASSEMBLY MARCH 28, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1795

Introduced by Assembly Member Atkins
(Principal coauthor: Assembly Member Cristina Garcia)
(Principal coauthor: Senator Pan)

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 amended, 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.

1 (c) To implement the federal breast and cervical cancer early
2 detection program specified in this section, the department may
3 contract, to the extent permitted by Section 19130 of the
4 Government Code, with public and private entities, or utilize
5 existing health care service provider enrollment and payment
6 mechanisms, including the Medi-Cal program's fiscal intermediary.
7 However, the Medi-Cal program's fiscal intermediary shall only
8 be utilized if services provided under the program are specifically
9 identified and reimbursed in a manner that does not claim federal
10 financial reimbursement. Any contracts with, and the utilization
11 of, the Medi-Cal program's fiscal intermediary shall not be subject
12 to Chapter 3 (commencing with Section 12100) of Part 2 of
13 Division 2 of the Public Contract Code. Contracts to implement
14 the federal breast and cervical cancer early detection program
15 entered into by the department with entities other than the Medi-Cal
16 program's fiscal intermediary shall not be subject to Part 2
17 (commencing with Section 10100) of Division 2 of the Public
18 Contract Code.

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

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

30 104161. For the purposes of this article, the following
31 definitions shall apply:

- 32 (a) "Covered conditions" means breast or cervical cancer.
- 33 (b) "Breast cancer" includes primary, recurrent, and metastatic
34 cancers of the breast, including, but not limited to, infiltrating or
35 in situ.
- 36 (c) "Cervical cancer" includes all primary, recurrent, and
37 metastatic cancers of the cervix, including, but not limited to,
38 infiltrating or in situ, as well as cervical dysplasia.
- 39 (d) "Treatment services" means those health care services,
40 goods, supplies, or merchandise medically necessary to treat the

1 covered condition or conditions with which the individual made
2 eligible under this article has been diagnosed.

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

5 (1) ~~No-cost full-scope~~ *No-cost full-scope* Medi-Cal.

6 (2) Medicare.

7 (3) A health care service plan contract or policy of disability
8 insurance.

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

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

11 (1) Covered for breast or cervical cancer treatment services by
12 any health care insurance listed in paragraph (2), (3), or (4) of
13 subdivision (e), but the sum of the individual’s insurance
14 deductible, premiums, and expected copayments in the initial
15 12-month period that breast or cervical cancer treatment services
16 are needed exceeds seven hundred fifty dollars (\$750).

17 (2) Covered by share-of-cost or ~~limited-scope~~ *limited-scope*
18 Medi-Cal, if the individual is not otherwise eligible for treatment
19 services under the Medi-Cal program pursuant to Section 14007.71
20 of the Welfare and Institutions Code.

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

23 104161.1. (a) When an individual is made eligible for treatment
24 services under this article due to a diagnosis of breast cancer, the
25 treatment services shall be for the duration of the period of
26 treatment, as long as the individual continues to meet all other
27 eligibility requirements.

28 (b) When an individual is made eligible for treatment services
29 under this article due to a diagnosis of cervical cancer, the treatment
30 services shall be for the duration of the period of treatment, as long
31 as the individual continues to meet all other eligibility
32 requirements.

33 (c) If an individual is diagnosed with a reoccurrence of breast
34 cancer or cervical cancer, whether at the original cancer site or a
35 different cancer site, the individual shall be eligible for coverage
36 for the duration of the period of treatment, as long as the individual
37 continues to meet all other eligibility requirements.