

AMENDED IN SENATE AUGUST 15, 2016
AMENDED IN ASSEMBLY MAY 31, 2016
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)
(Coauthor: Assembly Member Gonzalez)

February 4, 2016

An act to amend Sections ~~104150, 104161~~, *104150* 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 provide that an~~

individual of any age who is symptomatic, as defined, or an individual whose age is within the age range for routine breast cancer screening, as specified, and who meets all other eligibility requirements is eligible for breast cancer screening and diagnostic services pursuant to these provisions. *The bill would also provide that if an individual is diagnosed with a reoccurrence of breast cancer or cervical cancer, whether at the original cancer site or a different cancer site, the individual shall be eligible for coverage, as long as the individual continues to meet all other eligibility requirements and as long as the individual has not exhausted the period of coverage described above.*

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

1 department for this purpose. These screening services shall not be
2 deemed to be an entitlement.

3 (2) The following individuals shall be eligible for breast cancer
4 screening and diagnostic services pursuant to this section if they
5 meet all other eligibility requirements:

6 (A) An individual of any age who is symptomatic.

7 (B) An individual whose age is within the age range for routine
8 breast cancer screening, as recommended by the United States
9 Preventive Services Task Force, subject to any federal action
10 relating to breast cancer screening that overrides those
11 recommendations.

12 (3) For purposes of this section, “symptomatic” means an
13 individual presenting with an abnormality or change in the look
14 or feel of the breast, including, but not limited to, a lump, a hard
15 knot, thickening or swelling of the breast tissue, a change in the
16 color, size, or shape of the breast, or any discharge from the nipple.

17 (c) To implement the federal breast and cervical cancer early
18 detection program specified in this section, the department may
19 contract, to the extent permitted by Section 19130 of the
20 Government Code, with public and private entities, or utilize
21 existing health care service provider enrollment and payment
22 mechanisms, including the Medi-Cal program’s fiscal intermediary.
23 However, the Medi-Cal program’s fiscal intermediary shall only
24 be utilized if services provided under the program are specifically
25 identified and reimbursed in a manner that does not claim federal
26 financial reimbursement. Any contracts with, and the utilization
27 of, the Medi-Cal program’s fiscal intermediary shall not be subject
28 to Chapter 3 (commencing with Section 12100) of Part 2 of
29 Division 2 of the Public Contract Code. Contracts to implement
30 the federal breast and cervical cancer early detection program
31 entered into by the department with entities other than the Medi-Cal
32 program’s fiscal intermediary shall not be subject to Part 2
33 (commencing with Section 10100) of Division 2 of the Public
34 Contract Code.

35 (d) The department shall enter into an interagency agreement
36 with the State Department of Health Care Services to transfer that
37 portion of the grant made to the department by the federal Centers
38 for Disease Control and Prevention breast and cervical cancer early
39 detection program established under Title XV of the federal Public
40 Health Service Act (42 U.S.C. Sec. 300k et seq.) to the State

1 Department of Health Care Services. The department shall have
2 no other liability to the State Department of Health Care Services
3 under this article.

4 ~~SEC. 2. Section 104161 of the Health and Safety Code is~~
5 ~~amended to read:~~

6 ~~104161. For the purposes of this article, the following~~
7 ~~definitions shall apply:~~

8 ~~(a) “Covered conditions” means breast or cervical cancer.~~

9 ~~(b) “Breast cancer” includes primary, recurrent, and metastatic~~
10 ~~cancers of the breast, including, but not limited to, infiltrating or~~
11 ~~in situ.~~

12 ~~(c) “Cervical cancer” includes all primary, recurrent, and~~
13 ~~metastatic cancers of the cervix, including, but not limited to,~~
14 ~~infiltrating or in situ, as well as cervical dysplasia.~~

15 ~~(d)~~

16 ~~“Treatment services” means those health care services, goods,~~
17 ~~supplies, or merchandise medically necessary to treat the covered~~
18 ~~condition or conditions with which the individual made eligible~~
19 ~~under this article has been diagnosed.~~

20 ~~(e)~~

21 ~~“Uninsured” means not covered for breast or cervical cancer~~
22 ~~treatment services by any of the following:~~

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

24 ~~(2) Medicare.~~

25 ~~(3) A health care service plan contract or policy of disability~~
26 ~~insurance.~~

27 ~~(4) Any other form of health care coverage.~~

28 ~~(f)~~

29 ~~“Underinsured” means either of the following:~~

30 ~~(1) Covered for breast or cervical cancer treatment services by~~
31 ~~any health care insurance listed in paragraph (2), (3), or (4) of~~
32 ~~subdivision (e), but the sum of the individual’s insurance~~
33 ~~deductible, premiums, and expected copayments in the initial~~
34 ~~12-month period that breast or cervical cancer treatment services~~
35 ~~are needed exceeds seven hundred fifty dollars (\$750).~~

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

1 ~~SEC. 3.~~

2 ~~SEC. 2.~~ Section 104161.1 of the Health and Safety Code is
3 amended to read:

4 104161.1. (a) When an individual is made eligible for treatment
5 services under this article due to a diagnosis of breast cancer, the
6 ~~treatment services shall be for the duration of the period of~~
7 ~~treatment, as long as the individual continues to meet all other~~
8 ~~eligibility requirements.~~ *period of coverage shall not exceed 18*
9 *months. After 18 months, the individual's eligibility for treatment*
10 *services for the cancer condition that made this individual eligible*
11 *concludes.*

12 (b) When an individual is made eligible for treatment services
13 under this article due to a diagnosis of cervical cancer, the ~~treatment~~
14 ~~services shall be for the duration of the period of treatment, as long~~
15 ~~as the individual continues to meet all other eligibility~~
16 ~~requirements.~~ *period of coverage shall not exceed 24 months. After*
17 *24 months, the individual's eligibility for treatment services for*
18 *the cancer condition that made this individual eligible concludes.*

19 (c) If an individual is diagnosed with a reoccurrence of breast
20 cancer or cervical cancer, whether at the original cancer site or a
21 different cancer site, the individual shall be eligible for ~~coverage~~
22 ~~for the duration of the period of treatment, coverage,~~ as long as
23 the individual continues to meet all other eligibility ~~requirements.~~
24 *requirements and as long as the individual has not exhausted the*
25 *period of coverage described in subdivision (a) or (b), respectively.*

O