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HEALTH AND SAFETY CODE - HSC

DIVISION 103. DISEASE PREVENTION AND HEALTH PROMOTION [104100 - 106036] (*Division 103 added by Stats. 1995, Ch. 415, Sec. 5.*)

PART 1. CHRONIC DISEASE [104100 - 104324.5] (*Part 1 added by Stats. 1995, Ch. 415, Sec. 5.*)

CHAPTER 2. Cancer [104145 - 104210.2] (*Heading of Chapter 2 amended by Stats. 2015, Ch. 303, Sec. 340.*)

ARTICLE 1.5. Breast and Cervical Cancer Treatment Program [104160 - 104163] (*Article 1.5 repealed and added by Stats. 2001, Ch. 171, Sec. 9.*)

104160. (a) The State Department of Health Care Services shall develop and maintain the Breast and Cervical Cancer Treatment Program to expand and ensure quality breast and cervical cancer treatment for low-income uninsured and underinsured individuals who are diagnosed with breast or cervical cancer.

(b) To implement the program, the State Department of Health Care Services may contract with public or private entities, or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary, only if services provided under the program are specifically identified and reimbursed in a manner that does not claim federal financial reimbursement. The utilization of the Medi-Cal program's fiscal intermediary shall not be subject to Chapter 3 (commencing with Section 12100) of Part 2 of Division 2 of the Public Contract Code. Contracts to implement the program entered into by the State Department of Health Care Services with entities other than the Medi-Cal program's fiscal intermediary shall not be subject to Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code.

(Amended by Stats. 2012, Ch. 23, Sec. 20. (AB 1467) Effective June 27, 2012.)

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

(a) "Covered conditions" means breast or cervical cancer.

(b) "Breast cancer" includes primary, recurrent, and metastatic cancers of the breast, including, but not limited to, infiltrating or in situ.

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

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

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

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

(2) Medicare.

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

(4) Any other form of health care coverage.

(f) "Underinsured" means either of the following:

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

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

(Amended by Stats. 2018, Ch. 34, Sec. 8. (AB 1810) Effective June 27, 2018.)

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

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

(c) 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 for the duration of the period of treatment, as long as the individual continues to meet all other eligibility requirements.

(Amended by Stats. 2018, Ch. 34, Sec. 9. (AB 1810) Effective June 27, 2018.)

104162. An individual shall be eligible to receive treatment services pursuant to this article provided that all of the following criteria are met:

(a) The individual is a resident of California.

(b) The individual is uninsured or underinsured.

(c) The individual, who meets the income standards described in subdivision (d), was screened for breast or cervical cancer by a provider or entity participating in the Centers for Disease Control and Prevention breast and cervical cancer early detection program established under Title XV of the Public Health Service Act (42 U.S.C. Sec. 300k et seq.) in accordance with requirements of Section 1504 of that act (42 U.S.C. Sec. 300n) and needs treatment for breast or cervical cancer.

(d) As determined by the provider performing the screening and diagnosis, the individual has family income at or below 200 percent of the federal poverty level.

(e) The individual has filed a completed application for eligibility for treatment services under the Medi-Cal program pursuant to Section 14007.71 of the Welfare and Institutions Code, and has been found ineligible for benefits under that section.

(Repealed and added by Stats. 2001, Ch. 171, Sec. 9. Effective August 10, 2001. Operative January 1, 2002, by Sec. 59 of Ch. 171.)

104162.1. If an individual is underinsured, as defined in subdivision (f) of Section 104161, the State Department of Health Care Services shall be the payer of second resort for treatment services. To the extent necessary for the individual to obtain treatment services under any health care insurance listed in paragraph (2), (3), or (4) of subdivision (e) of Section 104161, the State Department of Health Care Services may do the following:

(a) Pay for the individual's breast or cervical cancer copayments, premiums, and deductible.

(b) Provide only treatment services not otherwise covered by any health care insurance listed in paragraph (2), (3), or (4) of subdivision (e) of Section 104161.

(Amended by Stats. 2018, Ch. 34, Sec. 10. (AB 1810) Effective June 27, 2018.)

104162.2. For the purposes of establishing eligibility for treatment services under this article, breast or cervical cancer screens performed by providers or entities not described in subdivision (c) of Section 104162 may be used only to the same extent the screens are used by the Medi-Cal program for the purpose of determining eligibility pursuant to Section 14007.71 of the Welfare and Institutions Code, as approved by the federal Health Care Financing Administration.

(Added by Stats. 2001, Ch. 171, Sec. 9. Effective August 10, 2001. Operative January 1, 2002, by Sec. 59 of Ch. 171.)

104163. The State Department of Health Care Services shall provide for breast cancer and cervical cancer treatment services pursuant to this article at the level of funding budgeted from state and other resources during the fiscal year in which the Legislature has appropriated funds to the department for this purpose. These treatment services shall not be deemed to be an entitlement.

(Amended by Stats. 2012, Ch. 23, Sec. 22. (AB 1467) Effective June 27, 2012.)