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AB-1795 Health care programs: cancer. (2015-2016)

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Assembly Bill No. 1795

CHAPTER 608

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

[Approved by Governor September 25, 2016. Filed with Secretary of State September 25, 2016.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1795, 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 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, and meets all other applicable eligibility requirements, the individual shall be eligible for an additional period of treatment coverage, as described above.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

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

104150. (a) (1) A provider or entity that participates in the grant made to the department by the federal Centers for Disease Control and Prevention breast and cervical cancer early detection program established under Title XV of the federal 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) may only render screening services under the grant to an individual if the provider or entity determines that the individual's family income does not exceed 200 percent of the federal poverty level.

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

(b) (1) The department shall provide for breast cancer and cervical cancer screening services under the grant 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 screening services shall not be deemed to be an entitlement.

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

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

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

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

(c) To implement the federal breast and cervical cancer early detection program specified in this section, the department may contract, to the extent permitted by Section 19130 of the Government Code, with public and private entities, or utilize existing health care service provider enrollment and payment mechanisms, including the Medi-Cal program's fiscal intermediary. However, the Medi-Cal program's fiscal intermediary shall only be utilized if services provided under the program are specifically identified and reimbursed in a manner that does not claim federal financial reimbursement. Any contracts with, and 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 federal breast and cervical cancer early detection program entered into by the department 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.

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

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

104161.1. (a) When an individual is made eligible for treatment services under this article due to a diagnosis of breast cancer, the period of coverage shall not exceed 18 months of treatment. After 18 months, the individual's eligibility for treatment services for the cancer condition that made this individual eligible concludes.

(b) When an individual is made eligible for treatment services under this article due to a diagnosis of cervical cancer, the period of coverage shall not exceed 24 months of treatment. After 24 months, the individual's eligibility for treatment services for the cancer condition that made this individual eligible concludes.

(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, and meets all other applicable eligibility requirements, the individual shall be eligible for an additional period of treatment coverage, as described in subdivision (a) or (b), respectively.