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II

106TH CONGRESS
1ST SESSION

S. 662

To amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program.

IN THE SENATE OF THE UNITED STATES

MARCH 18, 1999

Mr. CHAFEE (for himself, Ms. MIKULSKI, Mr. MOYNIHAN, Ms. SNOWE, Mr. SMITH of Oregon, Mr. HARKIN, Mr. COCHRAN, Mr. DURBIN, Mrs. MURRAY, Mr. LEAHY, Mr. ROCKEFELLER, Mr. LIEBERMAN, Mr. LAUTENBERG, Mrs. FEINSTEIN, Mr. BINGAMAN, Mr. SARBANES, Mr. HOLLINGS, Mr. WELLSTONE, Mr. CLELAND, Mr. KENNEDY, Mr. JOHNSON, Mr. ROBB, Mrs. BOXER, Mr. REID, and Mr. KERREY) introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to provide medical assistance for certain women screened and found to have breast or cervical cancer under a federally funded screening program.

- 1 *Be it enacted by the Senate and House of Representa-*
- 2 *tives of the United States of America in Congress assembled,*

1 SECTION 1. OPTIONAL MEDICAID COVERAGE OF CERTAIN
2 BREAST OR CERVICAL CANCER PATIENTS.

3 (a) COVERAGE AS OPTIONAL CATEGORICALLY
4 NEEDY GROUP.—

5 (1) IN GENERAL.—Section 1902(a)(10)(A)(ii)
6 of the Social Security Act (42 U.S.C.
7 1396a(a)(10)(A)(ii)) is amended—

8 (A) in subclause (XIII), by striking “or”
9 at the end;

10 (B) in subclause (XIV), by adding “or” at
11 the end; and

12 (C) by adding at the end the following:

13 “(XV) who are described in sub-
14 section (aa) (relating to certain breast
15 or cervical cancer patients);”.

16 (2) GROUP DESCRIBED.—Section 1902 of the
17 Social Security Act (42 U.S.C. 1396a) is amended
18 by adding at the end the following:

19 “(aa) Individuals described in this paragraph are in-
20 dividuals who—

21 “(1) are not described in subsection
22 (a)(10)(A)(i);

23 “(2) have not attained age 65;

24 “(3) have been screened for breast and cervical
25 cancer under the Centers for Disease Control and
26 Prevention breast and cervical cancer early detection

1 program established under title XV of the Public
2 Health Service Act (42 U.S.C. 300k et seq.) in ac-
3 cordance with the requirements of section 1504 of
4 that Act (42 U.S.C. 300n) and need treatment for
5 breast or cervical cancer; and

6 “(4) are not otherwise covered under creditable
7 coverage, as defined in section 2701(e) of the Public
8 Health Service Act (45 U.S.C. 300gg(e)).”.

9 (3) LIMITATION ON BENEFITS.—Section
10 1902(a)(10) of the Social Security Act (42 U.S.C.
11 1396a(a)(10)) is amended in the matter following
12 subparagraph (F)—

13 (A) by striking “and (XIII)” and inserting
14 “(XIII)”; and

15 (B) by inserting “, and (XIV) the medical
16 assistance made available to an individual de-
17 scribed in subsection (aa) who is eligible for
18 medical assistance only because of subpara-
19 graph (A)(ii)(XV) shall be limited to medical
20 assistance provided during the period in which
21 such an individual requires treatment for breast
22 or cervical cancer” before the semicolon.

23 (4) CONFORMING AMENDMENTS.—Section
24 1905(a) of the Social Security Act (42 U.S.C.

1 1396d(a)) is amended in the matter preceding para-
2 graph (1)—

3 (A) in clause (x), by striking “or” at the
4 end;

5 (B) in clause (xi), by adding “or” at the
6 end; and

7 (C) by inserting after clause (xi) the fol-
8 lowing:

9 “(xii) individuals described in section
10 1902(aa),”.

11 (b) PRESUMPTIVE ELIGIBILITY.—

12 (1) IN GENERAL.—Title XIX of the Social Se-
13 curity Act (42 U.S.C. 1396 et seq.) is amended by
14 inserting after section 1920A the following:

15 “PRESUMPTIVE ELIGIBILITY FOR CERTAIN BREAST OR
16 CERVICAL CANCER PATIENTS

17 “SEC. 1920B. (a) STATE OPTION.—A State plan ap-
18 proved under section 1902 may provide for making med-
19 ical assistance available to an individual described in sec-
20 tion 1902(aa) (relating to certain breast or cervical cancer
21 patients) during a presumptive eligibility period.

22 “(b) DEFINITIONS.—For purposes of this section:

23 “(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The
24 term ‘presumptive eligibility period’ means, with re-
25 spect to an individual described in subsection (a),
26 the period that—

1 “(A) begins with the date on which a
2 qualified entity determines, on the basis of pre-
3 liminary information, that the individual is de-
4 scribed in section 1902(aa); and

5 “(B) ends with (and includes) the earlier
6 of—

7 “(i) the day on which a determination
8 is made with respect to the eligibility of
9 such individual for services under the State
10 plan; or

11 “(ii) in the case of such an individual
12 who does not file an application by the last
13 day of the month following the month dur-
14 ing which the entity makes the determina-
15 tion referred to in subparagraph (A), such
16 last day.

17 “(2) QUALIFIED ENTITY.—

18 “(A) IN GENERAL.—Subject to subpara-
19 graph (B), the term ‘qualified entity’ means
20 any entity that—

21 “(i) is eligible for payments under a
22 State plan approved under this title; and

23 “(ii) is determined by the State agen-
24 cy to be capable of making determinations
25 of the type described in paragraph (1)(A).

1 “(B) REGULATIONS.—The Secretary may
2 issue regulations further limiting those entities
3 that may become qualified entities in order to
4 prevent fraud and abuse and for other reasons.

5 “(C) RULE OF CONSTRUCTION.—Nothing
6 in this paragraph shall be construed as pre-
7 venting a State from limiting the classes of en-
8 tities that may become qualified entities, con-
9 sistent with any limitations imposed under sub-
10 paragraph (B).

11 “(c) ADMINISTRATION.—

12 “(1) IN GENERAL.—The State agency shall pro-
13 vide qualified entities with—

14 “(A) such forms as are necessary for an
15 application to be made by an individual de-
16 scribed in subsection (a) for medical assistance
17 under the State plan; and

18 “(B) information on how to assist such in-
19 dividuals in completing and filing such forms.

20 “(2) NOTIFICATION REQUIREMENTS.—A quali-
21 fied entity that determines under subsection
22 (b)(1)(A) that an individual described in subsection
23 (a) is presumptively eligible for medical assistance
24 under a State plan shall—

1 “(A) notify the State agency of the deter-
2 mination within 5 working days after the date
3 on which determination is made; and

4 “(B) inform such individual at the time
5 the determination is made that an application
6 for medical assistance under the State plan is
7 required to be made by not later than the last
8 day of the month following the month during
9 which the determination is made.

10 “(3) APPLICATION FOR MEDICAL ASSIST-
11 ANCE.—In the case of an individual described in
12 subsection (a) who is determined by a qualified enti-
13 ty to be presumptively eligible for medical assistance
14 under a State plan, the individual shall apply for
15 medical assistance under such plan by not later than
16 the last day of the month following the month dur-
17 ing which the determination is made.

18 “(d) PAYMENT.—Notwithstanding any other provi-
19 sion of this title, medical assistance that—

20 “(1) is furnished to an individual described in
21 subsection (a)—

22 “(A) during a presumptive eligibility pe-
23 riod;

24 “(B) by a entity that is eligible for pay-
25 ments under the State plan; and

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