

By Senator Joyner

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1 A bill to be entitled
2 An act relating to Medicaid assistance for breast and
3 cervical cancer treatment; amending s. 409.904, F.S.;
4 authorizing Medicaid reimbursement for medical
5 assistance provided to certain persons for treatment
6 of breast or cervical cancer; revising eligibility
7 standards for certain Medicaid optional medical
8 assistance; providing definitions; providing an
9 effective date.

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11 Be It Enacted by the Legislature of the State of Florida:

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13 Section 1. Subsection (9) of section 409.904, Florida
14 Statutes, is amended to read:

15 409.904 Optional payments for eligible persons.—The agency
16 may make payments for medical assistance and related services on
17 behalf of the following persons who are determined to be
18 eligible subject to the income, assets, and categorical
19 eligibility tests set forth in federal and state law. Payment on
20 behalf of these Medicaid eligible persons is subject to the
21 availability of moneys and any limitations established by the
22 General Appropriations Act or chapter 216.

23 (9) (a) Eligible women with incomes at or below 200 percent
24 of the federal poverty level and under age 65, for cancer
25 treatment pursuant to the federal Breast and Cervical Cancer
26 Prevention and Treatment Act of 2000, screened through the Mary
27 Brogan Breast and Cervical Cancer Early Detection Program
28 established under s. 381.93 or screened and diagnosed by a
29 licensed provider.

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30 (b) A woman who has not attained 65 years of age who has
31 been screened for breast or cervical cancer by a qualified
32 entity under the Mary Brogan Breast and Cervical Cancer Early
33 Detection Program of the Department of Health or by a licensed
34 provider and requires treatment for breast or cervical cancer
35 and is not otherwise covered under creditable coverage, as
36 defined in s. 2701(c) of the Public Health Service Act. An
37 assets test is not required to determine eligibility under this
38 paragraph. A presumptive eligibility period begins on the date
39 upon which all eligibility criteria are met and ends on the date
40 upon which a determination is made with respect to the
41 eligibility of a woman for services under the state plan or, in
42 the case of a woman who does not file an application, on the
43 last day of the month following the month in which the
44 presumptive eligibility determination is made. A woman is
45 eligible under this paragraph until she gains creditable
46 coverage, until treatment is no longer necessary, or until she
47 attains 65 years of age.

48 (c) For purposes of this subsection, the term:

49 1. "Qualified entity" means a county public health
50 department or other entity that has contracted with the
51 Department of Health to provide the breast and cervical cancer
52 screening services paid for under this subsection.

53 2. "Licensed provider" means a qualified health care
54 provider licensed under chapter 458, chapter 459, or chapter
55 461.

56 Section 2. This act shall take effect July 1, 2009.