

HB 289

2009

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 assistance
5 provided to certain persons for treatment of breast or
6 cervical cancer; revising eligibility standards for
7 certain Medicaid optional medical assistance; providing
8 definitions; providing an effective date.

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

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

14 409.904 Optional payments for eligible persons.--The
15 agency may make payments for medical assistance and related
16 services on behalf of the following persons who are determined
17 to be eligible subject to the income, assets, and categorical
18 eligibility tests set forth in federal and state law. Payment on
19 behalf of these Medicaid eligible persons is subject to the
20 availability of moneys and any limitations established by the
21 General Appropriations Act or chapter 216.

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

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

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

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

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

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