



General Assembly

January Session, 2001

Bill No. 6709

LCO No. 3641

Referred to Committee on Human Services

Introduced by:

REP. WARD, 86th Dist.

SEN. DELUCA, 32nd Dist.

AN ACT CONCERNING MEDICAL CARE FOR WOMEN WITH BREAST OR CERVICAL CANCER.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17b-278b of the general statutes is repealed and
2 the following is substituted in lieu thereof:

3 (a) [To the extent authorized by federal law, the] The Commissioner
4 of Social Services [may] shall provide Medicaid coverage in accordance
5 with Public Law 106-354 to women diagnosed with breast or cervical
6 cancer. The commissioner shall seek any federal waivers or amend the
7 state Medicaid plan as necessary in order to secure federal
8 reimbursement for the costs [to such plan] of providing [treatment and
9 other medical services to women diagnosed with breast or cervical
10 cancer under the breast and cervical cancer early detection and
11 treatment referral program established under section 19a-266.]
12 Medicaid coverage to such women. Medicaid coverage under this
13 section shall not be dependent on the available income or assets of an
14 applicant.

15 (b) To qualify for medical assistance under this section, a woman
16 shall: (1) Have been screened for breast or cervical cancer under the
17 Centers for Disease Control and Prevention's National Breast and
18 Cervical Cancer Early Detection Program and found to be in need of
19 treatment for breast or cervical cancer, including a precancerous
20 condition of the breast or cervix; (2) not otherwise be covered under
21 creditable health care coverage, as defined in Section 42 USC 300gg(c);
22 (3) not have attained the age of sixty-five years; (4) not be eligible
23 under any mandatory Medicaid eligibility group; and (5) be a resident
24 of this state and a United States citizen or a qualified alien, as defined
25 in Section 431 of Public Law 104-193.

26 (c) The commissioner shall deem an applicant who has been
27 determined eligible for medical assistance under this section as having
28 been eligible for up to three months prior to the month in which an
29 application was filed if the requirements in subsection (b) of this
30 section were met during such three-month period. An individual
31 determined eligible for medical assistance under this section shall
32 remain eligible until the individual's course of treatment is completed
33 or until eligibility criteria are no longer met. The commissioner shall
34 establish procedures for the granting of presumptive eligibility in
35 order to ensure prompt access to services for applicants.

36 (d) The Commissioner of Social Services shall implement policies
37 and procedures necessary to carry out the provisions of this section
38 while in the process of adopting such policies and procedures in
39 regulation form, provided notice of intention to adopt the regulations
40 is published in the Connecticut Law Journal within twenty days of
41 implementation of such policies and procedures. Such policies and
42 procedures shall be valid until the time final regulations are effective.

43 Sec. 2. This act shall take effect from its passage.

Statement of Purpose:

To implement the Governor's budget recommendations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]