

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SHO #02-002

February 28, 2002

Dear State Health Official:

The purpose of this letter is to acknowledge States that have implemented the Medicaid Breast and Cervical Cancer Prevention and Treatment (BCCPT) option, and to provide information on the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001 (copy enclosed). This new law extends the benefits of the BCCPT option to additional American Indian and Alaska Native (AI/AN) women.

The BCCPT Act of 2000 amended title XIX of the Social Security Act (Medicaid) to make enhanced Federal matching funds available to states for the cost of extending Medicaid eligibility to a new group of individuals previously not eligible under the program. This option allows states to provide full Medicaid benefits to uninsured women under age 65 who are screened by the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and need treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer. The Act also allows states to extend presumptive eligibility to applicants in order to ensure that needed treatment begins as early as possible.

It is estimated that 50,000 women could die this year from breast or cervical cancer in the United States. Expanding early detection and treatment of these diseases could substantially decrease this mortality. During a time of difficult budget decisions, we applaud states' efforts to address the critical need to provide treatment for breast and cervical cancer through the Medicaid program. To date, 36 states have implemented this expanded Medicaid eligibility option to provide women who have no health insurance coverage with immediate access to life-saving treatment through the Medicaid program. This initiative has proven to be an excellent example of true collaboration and partnership among States, CDC, and the Centers for Medicare & Medicaid Services (CMS). We encourage states that have not submitted state plan amendments to their CMS regional office to consider covering this optional Medicaid group. CMS staff remains available to offer technical assistance to any state that requests it.

Under BCCPT, one of four eligibility requirements is that a woman must be uninsured, which was defined in the original law as "not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act." Since medical care programs of the Indian Health Service (IHS) or of a tribal organization are defined as creditable coverage under that provision, some AI/AN women could not be eligible through the BCCPT Medicaid option. On January 15, 2002, the President signed into law the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001. This technical amendment removes a medical care program of the Indian Health Service or of a tribal organization from the definition of

creditable coverage for purposes of determining eligibility for the BCCPT Medicaid option. The

technical amendment takes effect as if included in the enactment of the BCCPT Act of 2000. Since the BCCPT Act has an effective date of October 1, 2000, states may extend Medicaid retroactive eligibility to AI/AN women who were previously denied eligibility or have pending applications under the BCCPT Medicaid option. State expenditures for AI/AN women eligible during this retroactive period will be matched at the same enhanced Federal Medical Assistance Percentage (FMAP) available for expenditures under the BCCPT Medicaid option. Should treatment services be provided in an IHS or Tribal facility, 100 percent FMAP continues to apply. Of course, such retroactive eligibility cannot be any earlier than 3 months prior to application, or earlier than the effective date of the state's plan amendment to provide coverage to this group of women.

If you have questions, please contact Marlene Jones at CMS (410) 786-3290 for Medicaid-related issues and Cindy French at CDC (770) 488-3156 for issues concerning the National Breast and Cervical Cancer Early Detection Program.

Sincerely,

/s/

Dennis G. Smith
Director

Enclosure

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
for Medicaid and State Operations

Lee Partridge
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Brent Ewig
Senior Director, Policy Access
Association of State and Territorial Health Officials

Margaret Brome
Public Health Advisor
Centers for Disease Control and Prevention

Cindy French
Public Health Advisor
Centers for Disease Control and Prevention

Don Shriber
Centers for Disease Control and Prevention
State Chronic Disease Directors

Heather Mizeru
Director of State Affairs
National Association of Community Health Centers, Inc.

Dr. Michael H. Trujillo, MD, MPH, MS
Director, Indian Health Service

Trudi Matthews
Senior Health Policy Analyst
Council of State Governments

Jennifer King
Director of Health and Human Services Task Force
American Legislative Exchange Council

Dave Baldrige
Executive Director
National Indian Council on Aging

Yvette Joseph-Fox
Executive Director
National Indian Health Board

Jim Roberts
National Indian Health Board

Jacqueline L. Johnson
Executive Director
National Congress of American Indians

Jack Jackson
Government Affairs Director
National Congress of American Indians

Page 4 – State Health Official

Sarah Hicks
National Congress of American Indians

Beverly Russell
Executive Director
National Council on Urban Indian Health

Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001 (Enrolled Bill)

--S.1741--

S.1741

One Hundred Seventh Congress

of the

United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Wednesday, the third day of January, two thousand and one

An Act

To amend title XIX of the Social Security Act to clarify that Indian women with breast or cervical cancer who are eligible for health services provided under a medical care program of the Indian Health Service or of a tribal organization are included in the optional Medicaid eligibility category of breast or cervical cancer patients added by the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001'.

SEC. 2. CLARIFICATION OF INCLUSION OF INDIAN WOMEN WITH BREAST OR CERVICAL CANCER IN OPTIONAL MEDICAID ELIGIBILITY CATEGORY.

(a) TECHNICAL AMENDMENT- The subsection (aa) of section 1902 of the Social Security Act (42 U.S.C. 1396a) added by section 2(a)(2) of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354; 114 Stat. 1381) is amended in paragraph (4) by inserting ` , but applied without regard to paragraph (1)(F) of such section' before the period at the end.

(b) BIPA TECHNICAL AMENDMENTS-

(1) Section 1902 of the Social Security Act (42 U.S.C. 1396a), as amended by section 702(b) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A-572) (as enacted into law by section 1(a)(6) of Public Law 106-554), is amended by redesignating the subsection (aa) added by such section as subsection (bb).

(2) Section 1902(a)(15) of the Social Security Act (42 U.S.C. 1396a(a)(15)), as added by section 702(a)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A-572) (as so enacted into law), is amended by striking `subsection (aa)' and inserting `subsection (bb)'.

(3) Section 1915(b) of the Social Security Act (42 U.S.C. 1396n(b)), as amended by section 702(c)(2) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A-574) (as so enacted into law), is amended by striking `1902(aa)' and inserting `1902(bb)'.

(c) EFFECTIVE DATES-

(1) BCCPTA TECHNICAL AMENDMENT- The amendment made by subsection (a) shall take effect as if included in the enactment of the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354; 114 Stat. 1381).

(2) BIPA TECHNICAL AMENDMENTS- The amendments made by subsection (b) shall take effect as if included in the enactment of section 702 of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (114 Stat. 2763A-572) (as enacted into law by section 1(a)(6) of Public Law 106-554).

Speaker of the House of Representatives.

Vice President of the United States and

President of the Senate.