

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION

SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1472

2001 HOUSE HUMAN SERVICES

HB 1472

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1472

House Human Services Committee

☐ Conference Committee

Hearing Date January 30, 2001

Tape Number	Side A	Side B	Meter #
Tape 1	X		650 to end
Tape 1		X	0 to 70
Tape 3	X		550 to 880
Committee Clerk Signature <i>Connie Easton</i>			

Minutes:

Chairman Price, Vice Chairman Devlin, Rep. Dosch, Rep. Galvin, Rep. Klein, Rep. Pollert, Rep. Porter, Rep. Tieman, Rep. Weiler, Rep. Weisz, Rep. Cleary, Rep. Metcalf, Rep. Niemeier, Rep. Sandvig

Chairman Price: Open hearing on HB 1472.

Rep. Sandvig: Presented Bill. (See written testimony.)

Rep. Niemeier: What is the federal-state match of the funding?

Rep. Sandvig: I will let the department answer that question.

Chairman Price: Rep. Sandvig, do I understand that the bill would provide coverage for the cancer treatment regardless of income?

Rep. Sandvig: No. The program has a certain income eligibility.

Senator T. Mathern: Cosponsor of Bill. I encourage your committee to support this bill, and that you see your role as setting policy

Rep. Cleary: Cosponsor of the Bill. It is really necessary. This is an area that is a great concern for all women. We should not let these women fall through the cracks.

Rep. Niemeier: Cosponsor of the Bill. This is a federal opportunity for us. There are women who can access these services and have these conditions identified early and receive treatment.

Vice Chairman Devlin: You referred to testing - I don't see this in the bill. Is this bill for treatment? Is funding set up for the next two years or is there a time frame for federal dollars?

Rep. Niemeier: I will have to defer that question to the Department of Human Services.

Danelle Kenneweg: Staff Member for the Division of Health Promotion, North Dakota Department of Health. (Neutral Position - See written testimony.) My purpose today is to share information about Women's Way. Program eligibility is based on three variables: age, income, and insurance status. Women's Way is a screening program. Procedures we pay for are office visits, breast exams, pelvic exams, and pap smears.

Rep. Porter: On the income poverty levels, could you explain how it is figured. Is it based on gross income, net income?

Danelle Kenneweg: Income eligibility is self-reported by individual and it is gross income. We don't ask women to prove their income.

Rep. Porter: Does the patient first have to fit into the 200% income level before you look at the next step, or could it be any one that thinks treatment is unaffordable?

Danelle Kenneweg: The first issue is income, the second is insurance coverage. We will be payer of last resort.

Rep. Porter: Why would we need this legislation if you are already finding a way for these women to get treatment once they've been diagnosed with cancer?

Danelle Kenneweg: 61% of women in our program have no insurance. 39% have some insurance.

Vice Chairman Devlin: What is the availability of funding for future treatment after this biennium?

Danelle Kenneweg: Congress commits money in five-year chunks of time.

Chairman Price: Is there a state match?

Danelle Kenneweg: We can match in a variety of ways. Local agencies we contract with provide some matches. Providers donate because we pay Medicaid Part B rates. BCBS provides a very large match.

Chairman Price: For the treatment - does it have to be a hard match or can we work the same arrangement?

Danelle Kenneweg: I need to let the Medicaid people answer that question.

Chairman Price: Where are you going to find it - is it going to be provider discounts, or do we have to actually put \$114,000 in the budget?

Danelle Kenneweg: Again, Medicaid will have to answer that.

Rep. Metcalf: You mentioned Native Americans not participating. Is that in North Dakota or is it nationwide?

Danelle Kenneweg: We work case by case with reservations to increase activity.

Rep. Metcalf: Is there money tribes could have by application that would not cost North Dakota anything?

Danelle Kenneweg: Yes, they can apply for their own funding. They don't have the infrastructure to develop a program of this complexity.

Chairman Price: If it is a tribal member, do they have to go through the Indian Health Services first??

Danelle Kenneweg: No, they are not required to go to IHS.

Jenny Witham: Director of Community Health Care Association. (See support of HB 1472 in written testimony.) The Association is funded by grants from federal agencies and private foundations. We hope you will consider extending medical assistance to this group of uninsured women.

Susan Nelson: Uninsured cancer patient. Asked for support of HB 1472.

Linda Coles: Program Director of American Cancer Society. Speaking in support of HB 1472. This bill is truly a matter of life and death, and supports women who cannot afford treatment.

Dave Zentner: Director of Medical Services, Department of Human Services. (See written testimony.) We are neutral on this bill. While we can appreciate the merits of such a program, we cannot support this bill because the funds necessary to implement the program are not included in the Executive Budget.

Rep. Porter: Are follow-up screenings only available as long as the applicant is still eligible for the program? Are those screenings after the treatment included in the program as well?

Dave Zentner: As long as an individual is eligible for the Medicaid program, they would have access to the full array of services.

Chairman Price: Do you want to address the hard dollars issue?

Dave Zentner: This program is no different than any other service the Medicaid program would provide. So if we wish to adopt this option, we would require hard dollars.

Chairman Price: On reimbursement rates, at what rate would treatment be reimbursed to medical providers?

Dave Zentner: It would be paid at the same rate we pay any other Medicaid service.

Chairman Price: Any idea of what percentage for this type of treatment?

Dave Zentner: About 45%.

Vice Chairman Devlin: The income guidelines for this program are different than some of the other Medicaid programs that are run?

Dave Zentner: It would be a small program. We would operate it on a paper basis rather than on an electronic system. It is a small program and would be costly to develop an electronic system.

Vice Chairman Devlin: That would be the reason you would use self-reporting on income?

Dave Zentner: We would have no choice but to follow that.

Rep. Sandvig: If bill passes out of here, would there be funds in the Health Care Trust Fund for this?

Dave Zentner: That would be a potential source.

Chairman Price: Close hearing on HB 1472.

COMMITTEE WORK:

CHAIRMAN PRICE: HB 1472 that we also heard this morning.

VICE CHAIRMAN DEVLIN: I will move a DO PASS and be rereferred to Appropriation.

REP. METCALF: Yes.

CHAIRMAN PRICE: Discussion.

REP. NIEMEIER: One point that seemed important to me in hearing testimony was the fact that if we are to pass this bill and allow that Medicaid coverage, I think treatment is going to begin much quicker than in the method we have right now. I think they will be getting the care that they need.

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House Human Services Committee
Bill/Resolution Number HB 1472
Hearing Date January 30, 2001

CHAIRMAN PRICE: The clerk will call the roll for a **DO PASS** and rereferred to

Appropriation.

13 YES 1 NO 0 ABSENT CARRIED BY REP. DEVLIN

FISCAL NOTE

Requested by Legislative Council

04/04/2001

Bill/Resolution No.:

Amendment to: Engrossed
HB 1472

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$429,365		
Expenditures				\$544,120		
Appropriations				\$544,120		

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department to provide Medical Assistance for women who have been screened and were found to have breast or cervical cancer, and aren't covered by an insurance plan. This is in accordance with the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. The income eligibility limit may not exceed 200% of poverty. It is estimated that 23 individuals would be eligible for the program each year. This bill sunsets on June 30, 2003.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The source of other revenue is enhanced Federal funds at 78.91%.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The additional grant expenditures are based on the cost of providing Medical Assistance to 23 individuals each year during the course of the cancer treatment, plus the costs associated with the cancer treatment.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the*

executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The additional expenditures relating to this bill of \$544,120 for the 2001 - 2003 biennium were not included in the Executive Budget, and represent the estimated cost of providing Medical Assistance to individuals who otherwise would not be eligible for the Medicaid program.

Name:	Debra A. McDermott	Agency:	Department of Human Services
Phone Number:	328-3695	Date Prepared:	04/05/2001

FISCAL NOTE

Requested by Legislative Council
02/16/2001

REVISION

Bill/Resolution No.:

Amendment to: HB 1472

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$429,365		\$448,465
Expenditures				\$544,120	\$119,860	\$448,465
Appropriations				\$544,120	\$119,860	\$448,465

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department to provide Medical Assistance for women who have been screened and were found to have breast or cervical cancer and aren't covered by an insurance plan. This is in accordance with the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. The income eligibility limit may not exceed 200% of poverty. It is estimated that 23 individuals would be eligible for the program each year.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The source of other revenue is enhanced Federal funds at 78.91%.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The additional grant expenditures are based on the cost of providing Medical Assistance to 23 individuals each year during the course of the cancer treatment, plus the costs associated with the cancer treatment.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

The additional expenditures relating to this bill of \$544,120 for the 2001-2003 biennium were not included in the Executive Budget, and represent the estimated cost of providing Medical Assistance to individuals who otherwise would not be eligible for the Medicaid program.

Name:	Brenda M. Weisz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	02/16/2001

FISCAL NOTE

Requested by Legislative Council
02/13/2001

Bill/Resolution No.:

Amendment to: HB 1472

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$544,120		\$448,463
Expenditures				\$544,120	\$119,860	\$448,463
Appropriations				\$544,120	\$119,860	\$448,463

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. **Narrative:** *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department to provide Medical Assistance for woman who have been screened and were found to have breast or cervical cancer and aren't covered by an insurance plan. This is in accordance with the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. The income eligibility limit may not exceed 200% of poverty. It is estimated that 23 individuals would be eligible for the program each year.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The source of other revenue is enhanced Federal funds at 78.91%, with the non-federal match provided from Community Health Trust funds.

B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The additional grant expenditures are based on the cost of providing Medical Assistance to 23 individuals each year during the course of the cancer treatment, plus the costs associated with the cancer treatment.

C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the*

executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.

The additional expenditures relating to this bill of \$544,120 for the 2001-2003 biennium were not included in the Executive Budget, and represent the estimated cost of providing Medical Assistance to individuals who otherwise would not be eligible for the Medicaid program.

Name:	Brenda M. Weisz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	02/14/2001

FISCAL NOTE

Requested by Legislative Council
01/23/2001

Bill/Resolution No.: HB 1472

Amendment to:

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	1999-2001 Biennium		2001-2003 Biennium		2003-2005 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$429,365		\$448,465
Expenditures			\$114,755	\$429,365	\$119,860	\$448,465
Appropriations			\$114,755	\$429,365	\$119,860	\$448,465

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

1999-2001 Biennium			2001-2003 Biennium			2003-2005 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2. Narrative: *Identify the aspects of the measure which cause fiscal impact and include any comments relevant to your analysis.*

This bill would require the Department to provide Medical Assistance for women who have been screened and were found to have breast or cervical cancer and aren't covered by an insurance plan. This is in accordance with the Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000. It is estimated that 23 individuals would be eligible for the program each year.

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

The source of other revenue is enhanced Federal funds at 78.91%.

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The additional grant expenditures are based on the monthly cost of providing Medical Assistance to individuals and for the actual cancer treatment costs.

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, of the effect on the biennial appropriation for each agency and fund affected and any amounts included in the executive budget. Indicate the relationship between the amounts shown for expenditures and appropriations.*

The additional expenditures relating to this bill of \$544,120 for the 2001-2003 biennium were not included in the Executive Budget, and represent the estimated cost of providing Medical Assistance to individuals who otherwise would not be eligible for the Medicaid program.

Name:	Brenda M. Weisz	Agency:	Department of Human Services
Phone Number:	328-2397	Date Prepared:	01/29/2001

Date: 1-30-01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1472

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS - Referred to Appropriations

Motion Made By Rep. Devlin Seconded By Rep. Metcalf

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairman	✓		Audrey Cleary	✓	
William Devlin - V. Chairman	✓		Ralph Metcalf	✓	
Mark Dosch	✓		Carol Niemeier	✓	
Pat Galvin	✓		Sally Sandvig	✓	
Frank Klein	✓				
Chet Pollert	✓				
Todd Porter	✓				
Wayne Tieman	✓				
Dave Weiler	✓				
Robin Weisz		✓			

Total (Yes) 13 No 1

Absent _____

Floor Assignment Rep. Devlin

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 31, 2001 7:42 a.m.

Module No: HR-17-1969
Carrier: Devlin
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1472: Human Services Committee (Rep. Price, Chairman) recommends DO PASS and BE REFERRED to the Appropriations Committee (13 YEAS, 1 NAY, 0 ABSENT AND NOT VOTING). HB 1472 was rereferred to the Appropriations Committee.

2001 HOUSE APPROPRIATIONS

HB 1472

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1472

House Appropriations Committee
Human Services Division

☐ Conference Committee

Hearing Date February 3, 2001

Tape Number	Side A	Side B	Meter #
02-05-01 tape #1	4850 - 6240	0 - 3704	
Committee Clerk Signature <i>[Signature]</i>			

Minutes:

The committee was called to order, and opened the hearing on HB 1472.

Rep. Sally Sandvig: She had written testimony, and read it to the committee.

Chairman Svedjan: In your written testimony it says "They must fall into a certain income category". What is that income category? Is that based on poverty level?

Rep. Sandvig: The income category is listed on the Women's Way brochure handed out. Not sure on what it is based.

Danielle Kenneweg, Health Dept.: She manages the Woman's Way program. Regarding income it is 200% of the federal poverty guidelines. Congress gave the center for disease control a variance that it could be between 100% - 250% of poverty level. ND's advisory committee chose the 200% level. Each state that has its own program can establish their own guidelines.

Rep. Kliniski: The brochure lists a co-payment and deductibles. Do you have a standard or guideline as to what a high co-payment or deductible is?

Danielle Kenneweg: It is self reported by the woman and we don't ask for proof of income or insurance coverage. Our system is designed on Blue Cross Blue Shield as the administrator. If a woman reports that she has any insurance the health care provider must send a claim to the health insurance company first. Anything that is not paid would be sent to Woman's Way through Blue Cross Blue Shield. Some examples would be \$2000, \$5000, and \$10000.

Rep. Delzer: Does the bill address paying for them? Woman's Way pays for that right, the copays and deductibles. The bill just covers the women without health insurance.

Danielle Kenneweg: The program pays for all screening services for women who meet income, age, or insurance requirements. The program will pay for all screening services. The difficulty comes in at the time of treatment. Should a woman be diagnosed and need cervical dysplasia treatment or breast cancer treatment. The bill proposes to pay for those treatment services. 61% of women in the program are without any type of insurance.

Rep. Delzer: The bill says that treatment will only be paid for women without insurance, or are they going to pick up the copay and deductible too?

Danielle Kenneweg: The bill would pay for women without insurance, but those with credible insurance it would not, nor American Indian women, who are covered by IHS.

Rep. Kliniski: The bill itself does not address Women's Way. If we pass this bill and the funding for Women's Way goes away, it looks to me that general funds would have to pick up 100% of the costs of the program.

Danielle Kenneweg: In order for treatment to be paid for these women they must be enrolled in Women's Way. So should the funding for Women's Way go away the opportunity for treatment would not exist.

Rep. Klinisk: In understand that's the way things work now, but the bill itself does not address Women's Way.

Danielle Kenneweg: Believes the bill says the National Breast and Cervical Cancer program. That particular program is Woman's Way, it's just that the national program is called different things in different states. Some other states are dealing with this also.

Rep. Delzer: Any discussion of whether this will cause some women to not get insurance?

Danielle Kenneweg: No.

Rep. Delzer: Is this the first program in ND or are there others other than CHIPS?

Danielle Kenneweg: To her knowledge this is the only one besides CHIPS. This is designed to be worked through Medicare.

Rep. Carola Niemeier: From a pamphlet titled Cancer Incidents and Mortality from Nov. 1999, it states that ND women had 442 cases of breast cancer, mortality of 107, which is a 24% incidence of death from breast cancer, 22 cases of cervical cancer, mortality of 11, which is a 50% mortality incidence. Those are shocking statistics. She gave more statistics on national costs of cancer, and other "costs" of family. Early treatment is essential in reducing cancer deaths. Early screening is not effective without treatment. She supports the bill for making treatment available. Reads from an Act effective on September 1, 2001 (HICFA related).

Janelle Johnson: Covering Kids Coordinator for Community Health Association. She had prepared written testimony, and read from it.

Rep. Kempenich: This comes back to the question asked about inability to pay insurance. Why have the insurance if you can fall back on this?

Janelle Johnson: The concern comes in with people that may have tried to carry insurance with a high deductible, instead of having no insurance rate at all, so their premium rate would go down. But those women that are under those kinds of plans often times do not go into preventive services, because they are often not covered. Under Women's Way they have the opportunity to go in for the tests. The unfortunate part of Women's Way is if they are found to have cancer, those women have no treatment options if they have high deductibles or no insurance. They feel then that they are unable to pay for treatment.

Rep. Kempenich: Where does this kick in, at the deductible?

Chairman Svedjan: Is this first dollar coverage?

David Zentner, Director of Medical Services for the Dept. of Human Services: As I understand the coverage, if a woman has credible coverage she would not be eligible for the program.

Chairman Svedjan: Given that scenario, they could be eligible for screening that are provided by Women's Way, but not eligible for payment out of medicaid.

David Zentner: As long as they have credible coverage that is correct.

Chairman Svedjan: So the only way anything would be paid out of this program is if the person qualifies at the 200% poverty level. Then medicaid would pay beyond the screenings provided by Women's Way.

David Zentner: Yes, as long as there is no credible coverage.

Rep. Delzer: To Janelle, he questions that some people are not coming in for the tests because it will cost too much, and they can't do it. Do you have any evidence that it's the cost and not the fear of what they may hear.

Janelle Johnson: Can't speak for those women. Can tell him that when found her own lump it was reassuring that she had credible coverage and could find out what treatment was necessary.

Rep. Delzer: He would hope that would not keep anyone away, because unless you get rid of the asset test with this, if you have a major medical you would soon be eligible for medicaid. Not saying that's a plus or minus, but it would not take very long for someone in these income brackets to become medicaid eligible.

David Zentner: He understands that the federal government has talked about that Women's Way determines eligibility for this program, so if they establish that there is a gross income test at 200% and no asset test, which they have, that's what the medicaid program would follow.

Rep. Delzer: Are we setting up a different medicaid criteria for these individuals than anyone else.

David Zentner: Correct. You've already established there is a disease that needs treating, and these women have no coverage.

Rep. Kliniski: If the Women's Way decided to move that poverty level, would we be mandated to cover up to 250%?

David Zentner: Yes. We would follow and rely on their determination.

Rep. Sandvig: Would like to add a couple things heard before the Human Services committee. There were a couple of women that came and gave very personal testimony about this. Shared some of their remarks. The American Cancer Society is in favor of the bill.

Rep. Delzer: To Danielle Kenneweg - Did you help the department set up the fiscal note?

Danielle Kenneweg: The fiscal note comes from Dave Zentner and medicaid.

Rep. Delzer: How many applications do you have and how many have you denied?

Danielle Kenneweg: We have screened approximately 3,100 women since September of 1997, and out of those women 22 required breast cancer treatment. We have not denied any screenings. If a women is interested in the program and eligible for the program, they get screening.

Rep. Delzer: Have any not been eligible?

Danielle Kenneweg: If is possible that women call the case managers and are not eligible for the program, based on income or age. On an earlier question as to why women do not come in for screening, our research is that there are 3-4 basic reasons women do not get screening: 1) costs, 2) access, 3) fear, and 4) my health care provider didn't tell me I needed it.

Chairman Svedjan: You said earlier that 3100 were screened and 22 were found to have breast cancer. Were there more statistics?

Danielle Kenneweg: 82 had cervical dysplasia (abnormality). 61 required or chose to have further follow-up. It depends on the diagnosis.

Chairman Svedjan: To David Zentner - It appears like the fiscal note is based on an amount somewhere around \$23,500 per person. How was that number determined?

David Zentner: We based the fiscal note as best we could based on numbers that we had gotten from Women's Way. There were approximately over 100 over the period of time from 1997, and there were about 20 breast cancer and 80 cervical dysplasia. WE tried to annualize that and then tried to figure out how many didn't have insurance. We used the 75% figure, so the bottom line was about 23 cases per year, a coverage period of about 5 months, and a cancer cost of \$10,000. Because this program also avails them of the other medicaid services we added that cost in per month. Actually about \$11,00- \$12,000 per year, and \$23,500 every two years.

Chairman Syedjan: If they qualify at 200% of poverty, you said they would qualify for other medicaid services, and you factored that into this number?

David Zentner: Correct. The law says that if they are eligible, they are not only eligible for the treatment, but they would be eligible for any other medicaid program coverage. Such examples are vision or dental care, even if the poverty levels are different. This is not mandated by the federal government, it is optional. Once you opt for it, it creates the payment process.

Rep. Delzer: Can we set up a different poverty level for the treatment that what Women's Way has for the screening?

David Zentner: No. The Women's Way program establishes the eligibility by way of resources and income.

Rep. Delzer: Who handles setting their policy level?

David Zentner: Assume they have an advisory board to help with that.

Danielle Kenneweg: That was established by an advisory council when Women's Way program was established, in 1995. That group of people represented health care, public health, members of the department, people from across the state.

Rep. Delzer: Was this done by administrative rule? This is not an administrative rule, or in the century code?

Danielle Kenneweg: No it was not. No it is not.

Rep. Delzer: Could we legally set that?

Danielle Kenneweg: Not sure.

David Zentner: Assumes the states do have a window of 150% to 250%, and could make the change he believes.

Chairman Syedjan: Would the feds allow us to put that into code? This concerns him.

Danielle Kenneweg: Not sure, would check on that.

David Zentner: If you look at the current medicaid program, confusing to many. If you are out there and not disabled and have no children, it won't make any difference what your income is, you won't be eligible for the program. Has been told that the median income for these women who applied and get screened is \$1,100. You are still dealing with a lot of families who are not making up to the 200% of poverty. Most of this type of cancer is detected in women in their 40's and 50's and 60's.

Chairman Svedjan: Why are these women, if their income is so low, why are they not qualifying for medicaid in the first place?

David Zentner: Because the poverty level programs out there only cover kids and pregnant women. Many women who have breast or cervical cancer do not meet the disability guidelines either. Income alone does not drive the medicaid program.

Rep. Delzer: When you say they are eligible for medicaid because they have been found eligible by Women's Way, does that mean that only those that are found to have a problem and need treatment, or does that mean anyone who is eligible and getting help from Women's Way?

David Zentner: He understands that the statute requires that they be diagnosed with breast cancer or cervical dysplasia. The physician would have to prove that there has been a screening and a solid diagnosis for those two diseases.

Rep. Kliniski: Would the person be eligible for other medicaid services only during the time they are receiving treatment for the cancer?

David Zentner: The eligibility time is only during their need for treatment. Once the treatment ends eligibility would end. Estimating about a five month period, average.

He did have written testimony, although most of it has been covered, but he handed it out anyway. He appears neutral for the bill. The eligibility factors appear on the first page, and he read from the testimony. This didn't appear in the budget because it's new, and they did not get the information on it until after budgets were prepared.

Rep. Delzer: This is an optional service, correct? Where would this fall in your priority list, or would this be a mandate if for some reason you ran short of money in the medicaid line item?

David Zentner: The eligibility group is optional, the state can chose to cover this group or not chose to cover them. Once you chose to cover them, then they have access to the full array of medical services. We would have to look at all available options. Certainly this could be one that we could drop if we had to.

Rep. Delzer: Are all the other optionals set up in code the way this one would be? Or are some done by administrative rule, and would that make a difference on which you could drop first?

David Zentner: Doesn't know. Would have to look closely, and are looking at tough decisions.

Rep. Delzer: The testimony is that there have been 61 people who need follow-up care under Women's Way. How do they get that?

Danielle Kenneweg: When we agree as a department to take the federal money we also assure that any women who is diagnosed will receive treatment. That does not mean that we pay for it, but we assure that we will connect her with resources or help her with providers. Each is a case by case situation. The case managers work with these women and do a variety of things.

Rep. Delzer: To the best of your knowledge no one has not received treatment.

Danielle Kenneweg: That is true. We do know that everyone of those women have received treatment. We have documented diagnoses and treatment in the files.

Rep. Kliniski: When Rep. Delzer asked about optional services, her understanding in reading the bill is that it is an optional service today, but if we pass this bill, it becomes mandatory and we can not cut it from the budget.

David Zentner: You are probably correct. If it is mandated in the code the only way we could do that is with legislative permission.

Rep. Sandyig: Wanted David Zentner to clarify some information.

The chairman closed the hearing on this bill.


2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. **HB1472**

House Appropriations Committee

☐ Conference Committee

Hearing Date **February 9, 2001**

Tape Number	Side A	Side B	Meter #
I	x		5130 - 6196
		x	0 - 529
Committee Clerk Signature 			

Minutes:

HOUSE APPROPRIATIONS COMMITTEE ACTION ON HB1472.

Rep. Kliniske: HB1472 comes to us because the federal government allowed additional funding for women with breast and cervical cancer to establish the breast and cervical cancer treatment act. Each state has a different organization that handles this act and in our state it happens to be the Women's Way which is located in Fargo. What it says is that women that have been screened and found to have breast cancer would be able to access Medicaid up to %200 of the poverty level since it such an expensive disease to treat. Basically, they have a few guidelines. Number one is that they cannot have credible insurance, and they have to be below that guideline what ever it is. The Women's Way was able to determine the eligibility between 150 and 250 of poverty. We felt uncomfortable with allowing the Women's Way to set eligibility and so we determined that we would cap that at %300 of poverty as that is where they are right now and we would not make a change in their program We did make some minor amendments to the bill

which you can follow in you books and I would move those amendments. Seconded by Rep. Svedjan.

Rep. Monson: When were looking at amendments here, they may sound like kind of a dumb question, but on Line 7. It says for women, now I realize that only women get the cervical cancer but I know of two men that have died of breast cancer. Is this something that we should address?

Rep. Kliniske: To be honest with you, our committee did not address that.

Rep. Delzer: After our committee meeting, I went out and talked to the women that handle the Women's Way, and asked that very question. I didn't ask it in committee, but what they told me was that the federal act just references women, and since we are referencing the federal act we really don't have any choice with that. I have the same concerns with that, but I don't know that its a big deal, and another thing about this is that this is screenings from mammogram's and pap smears. The only other thing I would like to say is that the community health care trust fund is the 10% of the tobacco trust money. Is that right Jim? Response was yes.

Rep. Timm: There is no general fund money's involved in this? Not if the amendments are passed. Any other discussion on the amendments? All those in favor of adopting the amendments say AYE. Voice vote. Amendments are adopted.

Rep. Kliniske: I would move a DO Pass on HB1472 as amended. Seconded by Rep. Svedjan.

Rep. Skarphol: Amy, can you tell me how these people were cared for in the past?

Rep. Kliniske: From the information that we had heard, these women have to have some kind of insurance, it may not be creditable insurance however, and what happens is that they exhaust all of their resources if there deductible happens to be \$1000 to \$5000. Once they have exhausted those resources with their deductibles and copayments they come on the state rolls anyway. They are being cared for at this point in time through the Women's Way, but we don't know how long

that will continue and once they exhaust their resources they will come onto the state rolls anyway and if we can catch it earlier we can have their treatment be less expensive.

Rep. Skarphol: I am not familiar with Women's Way, could you bear with me and enlighten me just a little please.

Rep. Kliniske: The Women's Way was organized as a direct result of the federal government passing the breast and cervical cancer prevention and treatment act. It operates out of the Fargo area, and basically what they do is screen women for breast cancer and cervical cancer through mammogram's and pap smears. Even the women who are screened have to meet there eligibility criteria. So we are not screening women who get it somewhere else, we are screening women who fall into these guidelines.

Rep. Svedjan: I would like to provide this slight correction, and I'm pulling this from the testimony that was given by Mr. Zentner on this bill. Congress provided an option to the title 19 Medicaid program to cover these women, and coverage would be provided to women who are diagnosed with breast or cervical cancer and who do not otherwise have creditable health coverage and who are less than age 65. So, the issue here is that they not creditable health insurance. So the question that was raised before about how are these women being cared for now, are they being treated, the answer to that is yes, because we are not aware of any providers in the state who are turning cancer patients away.

Rep. Timm: Any other discussion?

Rep. Delzer: This came out of sub committee 5 to 1. I did not support it in sub committee, because I think these people need to be treated.

Rep. Gulleeson: In regard to putting a sunset on this bill, all of appropriations, no matter where those dollars come from, special sources, federal funds or whatever. We revisit those every biennium.

Rep. Kliniske: It is true that these women are eligible for Medicaid during the time that they receive treatment, however I want to stress that with the amendments that we just passed, there are no general funds in this, but the matching portion of this from the state \$114, 755.

Rep. Delzer: Just in response to Rep. Gulleeson, the appropriation for the Community Health Care Trust fund will go away in two years, but I don't believe the program will.

Rep. Skarphol: I don't want to deny services to these people, but I think that a sunset clause would make sure that we revisit probably a little more intensity than just the appropriation process.

Rep. Timm: Any other discussion? We have a motion for a DO PASS as amended. Roll call vote will be taken (17) YES (3) NO (1) Absent and not voting. Motion passes. Rep. Kliniske will carry the bill to the floor.

End of committee action on HB1472.

2001 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. 1472

House Appropriations Committee
Human Resources Division

☐ Conference Committee

Hearing Date **THURSDAY, MARCH 8TH, 2001**

Tape Number	Side A	Side B	Meter #
2-8-01 1472	X		00-3327
Committee Clerk Signature <i>Mickie Schmidt</i>			

Minutes: **CHAIRMAN KEN SVEDJAN, VICE-CHAIRMAN JEFF DELZER,**
REP. KEITH KEMPENICH, REP. JAMES KERZMAN,
REP. AMY KLINISKE, REP. JOHN M. WARNER

1600-Chairman Svedjan: We will now open this section on **HB 1472, MEDICAL ASSISTANCE FOR BREAST OR CERVICAL CANCER.**

Roll call: We have a quorum. The fiscal note shows \$114,755 of general funds and \$429,365 of other funds. The bill requires the Dept. to provide medical assistance to women who have been screened or found to have breast or cervical cancer and aren't covered by an insurance plan. This is in accordance with the federal act, has estimated 23 people would be eligible for the program each year. Any questions?

1685-Vice-Chairman Delzer: I've got some concerns, on line 7, I'd like to change this "shall" to "may". My reason for that is simply to make it an optional service, the same as most other Medicaid things are, where the dept. would have the say so if for some reason

they ran out of money this would be on the table the same as all the other optional services that they handle. I would also like to limit it to 200% poverty. The reason for that being that's the way Women's' Way is set up now. With the fact that this opens up the door for all Medicaid services, I think 200% poverty is an acceptable level. And I would like to have the money come from the 10% set aside for health care, which is the Community Health Care Trust Fund. That's the 10% of the tobacco money that comes from the tobacco settlement that goes to health. The reason for that would be, even though this might not be exactly smoking related, it is a health issue, it is a cancer issue.

1868-Chairman Svedjan: OK, are you moving those amendments?

1871-Vice-Chairman Delzer: Yes.

1874-Rep. Kempenich: Second.

1876-Chairman Svedjan: OK, moved and seconded. Does everyone understand, changing the word "shall" to "may" on line 7? Introducing language that would limit this to 200% of poverty, and the dollars would come from the 10% set aside and would come off the top of the Community Health Care Trust Fund.

1920-Vice-Chairman Delzer: They would have to come out of the principle because right now, if I'm not mistaken, the interest goes to the general fund. So they'd have to come out of the principle and I think they would just be in the mix the same as other expenditures out of there, but that's a fund that has to be balanced, the same as anything else, and we have the numbers to balance it. If it becomes a problem, we'll know it before the end of the session. Currently it would not be a problem.

1970-Chairman Svedjan: And what you mean by that Rep. Delzer is that, depending upon what other bills come up to spend that money.

Page 3

Human Resources Division

Bill/Resolution Number 1472

Hearing Date THURSDAY, MARCH 8TH, 2001

1987-Rep. Kliniske: How much is available?

1992-Chairman Svedjan: I don't have those numbers in front of me. Allen (LC), could you help us with that?

2000-Allen: Based on the executive recommendation, they had proposed expenditures of 5 million dollars out of the fund. That would leave an estimated balance at the end of next biennium of 5.5 million.

2025-Vice-Chairman Delzer: Maybe I'm wrong, but I think we put some language in that trust fund that a lot of the expenditures can not be... the money has to actually be there before we spend it.

2058-Chairman Svedjan: In terms of the dynamics of this, the way this amendment is stated right now, how would that in fact work? Would it be that when funds are needed to serve any one of those people, that the funds would then be requested from the Community Health care Trust Fund and moved into the Medicaid program? Because we're treating it as though it's an optional service?

2104-Arvy: I think for the Department of Human Services, the way they set up all their cost centers, it would be good to have this be a transfer into their operating.

2136-Vice-Chairman Delzer: I would not have a problem with that but then I would like language in there that if this amount was not expended, it went back to this trust fund, would that be possible?

2162-Allen: We could word it that as requested by the department, funds shall be transferred from the Community Health Care Trust Fund to the departments operating fund for these expenditures. So they would request it as they need it.

2187-Vice-Chairman Delzer: Up to \$114,000.

2198-Chairman Svedjan: Do you find that satisfactory? OK. Any other discussion in the motion? Hearing none, are we ready to vote? All in favor of the amendments as stated, changing shall to may, limiting to 200% of poverty, and taking the \$114,755 from the Community Health Care Trust Fund, all in favor say I- 6, opposed say nay- 0. The motion carries. Are there any other requested amendments to this bill? Hearing none, are you ready to vote?

2298-Rep. Kempenich: I'll move HB 1472 as amended.

2304-Chairman Svedjan: Is there a second?

2304-Rep. Warner: I'll second it.

2307-Chairman Svedjan: Any further discussion?

2318-Vice-Chairman Delzer: I have some concerns about the fact that the entitlement opens up the Medicaid all the way through. I know it's a good cause, but I'm going to have a hard time supporting the bill.

2392-Chairman Svedjan: Just as a follow up to that, this is another one of those situations that almost the dichotomy, on the one hand you can say that yes these people are being cared for, on the other hand, it's the providers of the state who are caring for them, and receiving nothing for it. So that's another consideration. Allen, what you just gave us in terms of numbers, at least based on what we know at this point, that there would be sufficient funds as it stands today to cover this?

2466-Allen: That's correct. And we will be monitoring those funds as you go through the session.

2490-Rep. Kliniske: Is it possible for us to get a list of what funding is included out of the executive recommendation?

2511-Allen: Yes, we have a schedule that shows that.

2525-Chairman Svedjan: Is it an exhausted list?

2530-Allen: It really is just the appropriation for the Dept. of Health, for the Healthy schools, the Healthy family and the Healthy communities programs.

2590-Rep. Kerzman: If we pass this, I think it would be company for those who are in need of services.

2630-Vice-Chairman Delzer: I think that's the Dept. of Health, they're the ones who get all that money and we'll have the Health Dept. Budget the second half if there is any changes.

2669-Chairman Svedjan: Was anything said about the status of the 23 people who might qualify for this?

2689-Rep. Kempenich: They thought most of them were under, poverty wise.

2737-Chairman Svedjan: It must be such that these people don't qualify, because otherwise they'd be served out of Medicaid.

2758-Rep. Kempenich: They were like 150-180 %.

2776-Rep. Kliniske: My understanding was, they have guide lines already, so these are not women that are exceeding any other guide lines. They have to follow them. The guide lines are _____ and actually and that's why they can screen so many women and only 23 of them actually, (they said 46 were in need of services) qualified for the treatment of the services.

2866-Rep. Kerzman: The reason they don't qualify is because they're under 65 years old, and they're not disabled. If you're over 65, you automatically fall into Medicaid.

2888-Rep. Kempenich: One of the reasons I would support this is, if they do find out, the quicker the better.

Page 6

Human Resources Division

Bill/Resolution Number 1472

Hearing Date THURSDAY, MARCH 8TH, 2001

2944-Chairman Svedjan: This is one of those bills that, I guess if we were looking purely

to general funds for this, I would have maybe a different feeling about it. I know it sounds

almost callus to say that, but I happen to see a relevance here to the tobacco funds.

Depending upon to what extent those funds are in fact utilized over the next biennium. But

also taking into account what's happening to providers in this state in terms of cutback and

reimbursement. Any other discussion? OK, Mickie, will you take the Roll call vote?

CHAIRMAN KEN SVEDJAN, Y
REP. KEITH KEMPENICH, Y
REP. AMY KLINISKE, Y

VICE-CHAIRMAN JEFF DELZER, N
REP. JAMES KERZMAN, Y
REP. JOHN M. WARNER Y

3067-Chairman Svedjan: OK, the bill passes 5-1 as amended. Who would like to carry this bill?

3078-Rep. Kliniske: I will.

3083-Chairman Svedjan: OK, we will close the session on HB 1472.

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1472

Page 1, line 2, after "cancer" insert "; and to provide an appropriation"

Page 1, line 7, replace "shall" with "may"

Page 1, line 9, after the eighth period insert "The department shall establish an income eligibility limit that may not exceed two hundred percent of the poverty line for payments made under this section. For purposes of this section, poverty line means the official income poverty line as defined by the United States office of management and budget and revised annually in accordance with 42 U.S.C. 9902(2), applicable to a family of the size involved."

SECTION 2. APPROPRIATION - COMMUNITY HEALTH CARE TRUST FUND TRANSFER. There is appropriated out of any moneys in the community health care trust fund in the state treasury, not otherwise appropriated, the sum of \$114,755, or so much of the sum as may be necessary, and from special funds derived from federal funds, the sum of \$429,365, or so much of the sum as may be necessary, to the department of human services for the purpose of providing medical assistance coverage for breast and cervical cancer for the biennium beginning July 1, 2001, and ending June 30, 2003. The funds appropriated from the community health care trust fund must be transferred to the department of human services operating fund as requested by the director of the department of human services."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 327 - Department of Human Services - Economic Assistance

HOUSE - This amendment:

- Provides that the department may provide breast and cervical cancer medical assistance services rather than requiring that the services be provided.
- Limits eligibility for these services to individuals or families whose income does not exceed 200 percent of the federal poverty level.
- Appropriates \$544,120, \$114,755 of which is from the community health care trust fund, for providing these services during the 2001-03 biennium.

Date: Feb 8, 2001
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1472

House Appropriations Committee

Subcommittee on Human Resources

☐ or
☐ Conference Committee

Legislative Council Amendment Number 10703.0101

Action Taken	move to Amend
---------------------	---------------

Motion Made By Rep. Delzer Seconded By Rep. Kemperich

[illegible]

Total (Yes) 6 No 0

Absent 0

Floor Assignment

If the vote is on an amendment, briefly indicate intent: Changing shall to may in line 7, limiting to 200% of poverty & taking the \$114,755. from the Community Health Care Trust Fund.

Date: 2-8-01
Roll Call Vote #: 12

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1472

House Appropriations Committee

☒ Subcommittee on Human Resources
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken motion to do pass as amended

Motion Made By Rep. Kempenich Seconded By Rep. Warner

Representatives	Yes	No	Representatives	Yes	No
Chairman Ken Svedjan	✓				
Vice-Chairman Jeff Delzer		✓			
Rep. Keith Kempenich	✓				
Rep. James Kerzman	✓				
Rep. Amy Kliniske	✓				
Rep. John M. Warner	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Rep. Kliniske

If the vote is on an amendment, briefly indicate intent:

Date: 02/09/01
Roll Call Vote #: 1

2001 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1472

House APPROPRIATIONS

Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS AS AMENDED.

Motion Made By KLINISKE Seconded By SVEDJAN

Representatives	Yes	No	Representatives	Yes	No
Timm - Chairman	✓				
Wald - Vice Chairman	✓				
Rep - Aarsvold			Rep - Koppelman	✓	
Rep - Boehm	✓		Rep - Martinson	✓	
Rep - Byerly		✓	Rep - Monson	✓	
Rep - Carlisle	✓		Rep - Skarphol		✓
Rep - Delzer		✓	Rep - Svedjan	✓	
Rep - Glassheim	✓		Rep - Thoreson	✓	
Rep - Gulleeson	✓		Rep - Warner	✓	
Rep - Huether	✓		Rep - Wentz	✓	
Rep - Kempenich	✓				
Rep - Kerzman	✓				
Rep - Kliniske	✓				

Total (Yes) 17 No 3

Absent 1

Floor Assignment KLINISKE

If the vote is on an amendment, briefly indicate intent:

2001 SENATE HUMAN SERVICES

HB 1472

2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1472

Senate Human Services Committee

☐ Conference Committee

Hearing Date March 5, 2001

Tape Number	Side A	Side B	Meter #
No tape			
March 12, 2001 2		X	31.2
Committee Clerk Signature <i>Paul Holodyschuk</i>			

Minutes:

SENATOR LEE called the Human Services Committee to order. All Senators were present.

The hearing was opened on HB 1472.

REPRESENTATIVE SALLY SANDVIG, Sponsor of the bill, introduced the bill. (Written testimony). She also submitted testimony by SHARI ORSER.

REPRESENTATIVE CAROL NIEMEIER, cosponsor, supports bill. Gave some statistics in ND. 442 women diagnosed with breast cancer; 107 were a mortality. 22 women diagnosed with cervical cancer; 11 were a mortality. Early detection screening has better survival outcomes.

The problem is if a woman is diagnosed, how does she pay for the treatment.

REPRESENTATIVE AUDREY CLEARY, cosponsor, supports bill. SENATOR KILZER: In the Woman's Way program, how much follow up is there on abnormal tests. REP CLEARY: I am not certain, but I assume it is greater follow up than before.

JANELLE JOHNSON, Community Healthcare Assoc., supports bill. (Written testimony)

PENNI WESTON, ND Nurses Assoc., supports bill. (Written testimony)

DANIELLE KENNEWEG, ND Dept of Health, testified in a neutral position. (Written testimony). Answered Senator Kilzer's question. Woman's Way helps women find a way to pay for treatment, where to go for treatment, and offer any support they can. SENATOR KILZER: What are finances of the program? MS. KENNEWEG: We receive 1 million dollars and the state's match is \$400,000. It can be cash, donations, supplies, local health agency's. The cost is \$16; they are charged \$3. SENATOR MATHERN: Give us an example of ways to pay for treatment. MS. KENNEWEG: It is decided case by case. Our resources are pharmaceutical companies, providers, social workers of hospitals and clinics, national agencies (Avon). They give them low payment plans, write off part or all of the bill.

SALLY BATTEST presented testimony on her behalf. She was diagnosed with pre cancer of the cervix, is a single mom, no insurance; Woman's Way took over; the follow up is great. Took care of treatment. I am paying on my own, but they give me as much time as I need, with no hassles. She supports this bill. We need Woman's Way.

DAVE ZENTNER, Dept of Human Services, provided information. (Written testimony)

SENATOR LEE: What about other cancers and men? MR. ZENTNER: Unfortunately not; this program is restricted to breast and cervical cancer. SENATOR MATHERN: The engrossed bill is more restrictive. MR. ZENTNER: The House appropriations believed we would eventually use 200% of poverty and they did not want it to exceed that. House said Health Dept is using 250% - limited to use of Federal dollars. We are currently screening 150-200 per month. Just based on aged income 22,000 are eligible. That is 12-15% of eligible women. It would not increase at 200% of poverty. SENATOR POLOVITZ: How do you get information out to people. MS. KENNEWEG: Brochures, local agencies create a variety of strategies. Teams

conduct activities. Programs, local TV, speaking to groups, contact at work sites. SENATOR MATHERN: If women having no insurance coverage come under Medicaid. MR. ZENTNER: Medicaid is for Aged, blind, and disabled - not just low income. SENATOR LEE: If they have no insurance, are they required to do income reports. MR. ZENTNER: Income is self reported. SENATOR KILZER: Who does the physical exams? MS. KENNEWEG: Many facilities signed on to be providers with physicians doing the exams. SENATOR MATHERN: This came up after you prepared the budget. Would you put this program in the budget in the future? MR. ZENTNER: It is a program worthy of being included.

The hearing was closed on HB 1472.

March 12, 2001, Tape 2, Side B, Meter 31.4

SENATOR MATHERN moved a DO PASS. No second Discussion.

SENATOR ERBELE: Do we need to amend to strike human services and insert health. Page 1, line 7. Discussion SENATOR MATHERN moved a DO PASS on .0200 version and rerefer to Appropriations.. SENATOR ERBELE second. Roll call vote carried 6-0. SENATOR FISCHER will carry..

Date: 3/12/01

Senate HUMAN SERVICES Committee

or
☐ Conference Committee

Action Taken Do Pass & referred to App

Motion Made By Sen Nathan Seconded By Sen Eschbacher

[illegible]

Total (Yes) 6 No 0

Absent 0

Floor Assignment See Fischer

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 16, 2001 2:40 p.m.

Module No: SR-46-5933
Carrier: Fischer
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1472, as engrossed: Human Services Committee (Sen. Lee, Chairman) recommends DO PASS and BE REREFERRED to the Appropriations Committee (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1472 was rereferred to the Appropriations Committee.

2001 SENATE APPROPRIATIONS

HB 1472

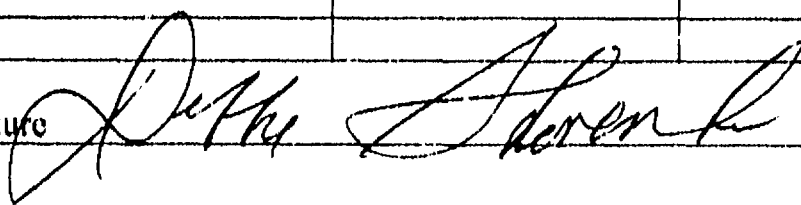
2001 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1472

Senate Appropriations Committee

☐ Conference Committee

Hearing Date March 26, 2001

Tape Number	Side A	Side B	Meter #
1		X	15.0-35.7
Committee Clerk Signature 			

Minutes:

Senator Nothing opened the hearing on HB 1274.

Representative Sally Sandvig, District 21, testified (testimony attached). Asked committee to support this bill and recommended a do pass.

Senator Andrist: The \$120,000 was taken out by the House. Fiscal note impact from Health care Trust fund for source of money, is this a useful diversion?

Representative Sandvig: It depends on how you look at it for prevention. I'm torn on funding from Health care Trust fund.

Janelle Johnson, Community Health Care Association, testified in support of the bill for the opportunity to extend medical assistance to this group uninsured ND women in need of treatment (testimony attached).

Danielle Kenneweg, Division of Health Promotion in the ND Department of Health, testified in support of the bill and to share information about Women's Way (testimony attached).

Senator Grindberg: Did you say 65% of women are without health insurance?

Danielle Kenneweg: With limited coverage.

Senator Schobinger: The program is in place. Is it your position this would be better handled with Health Department verses Human Services to access federal dollars.

Danielle Kenneweg: The dollars have to go through Medicaid so it doesn't matter either way.

Representative Nemeier, District 20, Grand Forks, testified as Co-sponsor of the bill. Gave states on cancer rates and costs. Told of the importance of early detection. Support of this bill is needed and a step to early diagnosis.

David Zentner, Director of Medical Services for the Department of Human Services, testified (testimony attached). Stated in his testimony figures on page 2 were wrong, \$544,120 and not \$538,200; and the \$113,506 should be \$114,755 which are correct figures from fiscal note.

Senator Nething: Why didn't you introduce a bill on this, can't anybody?

Arvy Smith, OMB, most bills submitted are to be consistent with the Governor's budget.

Sally Battest, Beulah, ND, testified in support of the bill and asked the committee for their help.

With no further testimony, the hearing was closed on HB 1472.

Senator Nething referred this bill to the Subcommittee handling the Human Services budget.

Tape #1, Side B, meter 35.7.

Page 3
Senate Appropriations Committee
Bill/Resolution Number HB 1472
Hearing Date March 26, 2001

4-2-01 Full Committee Action (Tape #2, Side A, Meter # 51.3-54.3 and Tape #2, Side B, Meter # 0.0 - 1.8)

Senator Nothing reopened the hearing on HB1472 - Medical Assistance for Breast and Cervical Cancer.

Senator Solberg, Subcommittee Chair reviewed the bill, testimony, and the Subcommittee's findings. Discussion followed. Senator Solberg presented proposed amendments as drafted by the Subcommittee, #10703.0201. Discussion on the amendments. Senator Solberg moved the amendments; seconded by Senator Heitkamp. Discussion; call for the vote: Voice Vote carried. Discussion on the bill as amended. Senator Solberg moved a DO PASS AS AMENDED, Senator Tomac seconded. Discussion; call for the vote: Roll Call Vote: 14 yes; 0 no; 0 absent and not voting.

Floor assignment: Senator Thane will carry the amendment; Senator Fischer the bill.

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1472

Page 1, line 2, remove the second "and"

Page 1, line 3, after "appropriation" insert "; and to provide an expiration date"

Page 1, after line 24, insert:

"SECTION 3. EXPIRATION DATE. Section 1 of this Act is effective through June 30, 2003, and after that date is ineffective."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 327 - Department of Human Services Economic Assistance - Senate Action

This amendment adds an expiration date of June 30, 2003, to Section 1 of the bill.

Date: 4-2-01

Roll Call Vote #: _____

2001 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. LB 1422

Senate Appropriations Committee

☐ Subcommittee on _____
or

☐ Conference Committee

Legislative Council Amendment Number 10703.0201

Action Taken ^{Amendment} On pass as amended

Motion Made By Senator Solberg Seconded By Senator Thane

Senators	Yes	No	Senators	Yes	No
Dave Nething, Chairman	✓				
Ken Solberg, Vice-Chairman	✓				
Randy A. Schobinger	✓				
Elroy N. Lindaas	✓				
Harvey Tallackson	✓				
Larry J. Robinson	✓				
Steven W. Tomac	✓				
Joel C. Heitkamp	✓				
Tony Grindberg	✓				
Russell T. Thane	✓				
Ed Kringstad	✓				
Ray Holmberg	✓				
Bill Bowman	✓				
John M. Andrist	✓				

Total Yes 14 No 0

Absent 0

Floor Assignment Senator Thane (Amend)

If the vote is on an amendment, briefly indicate intent:

talk to Sen. Larson
Re: bill

REPORT OF STANDING COMMITTEE

HB 1472, as engrossed: Appropriations Committee (Sen. Nething, Chairman)
recommends AMENDMENTS AS FOLLOWS and when so amended, recommends
DO PASS (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed HB 1472
was placed on the Sixth order on the calendar.

Page 1, line 2, remove the second "and"

Page 1, line 3, after "appropriation" insert "; and to provide an expiration date"

Page 1, after line 24, insert:

"SECTION 3. EXPIRATION DATE. Section 1 of this Act is effective through
June 30, 2003, and after that date is ineffective."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

Dept. 327 - Department of Human Services Economic Assistance - Senate Action

This amendment adds an expiration date of June 30, 2003, to Section 1 of the bill.

2001 TESTIMONY

HB 1472

Testimony
House Bill 1472
By Representative Sally Sandvig
Before House Human Services Committee

Chairwoman Price and members of the Human Services Committee:

For the record my name is Representative Sally Sandvig from District 21 in Fargo and I'm here to introduce House Bill 1472 to you.

House Bill 1472 would direct the Department of Human Services to provide medical assistance for women screened and found to have breast or cervical cancer through the "WomansWay" program.

I was made aware of the need for this coverage through the director of the "Womans Way" program at Cass County Public Health.

Federal funds have been made available for this coverage, but states must opt in and make a small match similar to the Chips program.

The "Womans Way" program pays for women to have mammograms, pap smears, breast exams, and pelvic exams if they have no insurance or have high CO-payments or deductibles; and cannot afford to pay them. They must also fall into a certain income category. This group includes the working poor and middle class who do not qualify for Medicaid and cannot afford insurance on their own.

40% of women 40 years and older have not received a mammogram within the last two years, and nearly 35% of women have not had a pap test in the past three years. 40% of women with an abnormal pap test did not go back for follow up care. Clinical tests have demonstrated that mammography screening can reduce breast cancer deaths by as much as 39% in women aged 50-74; also if cervical cancer is detected early with

a pap test, the likelihood of survival is almost 100% with the appropriate treatment and follow up.

The incidence rate for female breast cancer in women in the U.S. is 110.9% cases for every 100,000 women (1991-1995 age adjusted) and the mortality rate was 26.0 deaths per every 100,000 women (1991-1995 age adjusted and standardized.)

The incidence rate for cervical cancer is 8.0 cases per 100,000 women ; and the mortality rate is 2.8 deaths per 100,000 women using the same time frame and conditions as with breast cancer. This is one of the most treatable forms of cancer with a 90-100% five year survival rate for women where cancer is detected early. In fact, mortality rates have gone down in the past 40 years, mainly due to the pap test.

Breast cancer has also leveled off since 1990 due to mammography.

This concludes my testimony. I'll try to answer any questions that you may have. Please give this bill a do pass so that we can help this segment of the population to get the treatment they need to live.

From: Orser & McClure <620nd@gcentral.com>
To: s.sandvig@state.nd.us <s.sandvig@state.nd.us>
Date: Monday, January 29, 2001 8:50 PM
Subject: Bill 1472

I would like to express my support for Bill #1472, a Bill to extend Medicaid coverage to women who are found to have conditions which require treatment through screening mammograms and Pap smears paid for by Women's Way. As you know, Women's Way covers women who are uninsured and do not otherwise qualify for Medicaid or Medicare. It makes little sense to provide screening, but then have women who are unable to pay for treatment if cancer or pre-cancer lesions are diagnosed. These women need to be able to follow through and be treated. I encourage you to pass this bill to extend coverage so these women do not fall through the cracks and die from treatable conditions. Thank You.

Shari L. Orser M. D.



1/29/01

HB 1472
Testimony providing program information about *Women's Way*

January 30, 2001
Human Services Committee

Danielle Kenneweg
North Dakota Department of Health
Division of Health Promotion

Good morning Madame Chairman and members of the committee. My name is Danielle Kenneweg. I am a member of the staff in the Division of Health Promotion in the ND Department of Health. My major responsibility is to manage program operations of the North Dakota Breast and Cervical Cancer Early Detection Program; also known as *Women's Way*. At the request of Representative Sandvig, my purpose today is to share information with you about *Women's Way*.

In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act. The funds were given to the Centers for Disease Control and Prevention (CDC) to distribute to states, tribes and territories. Immediately, twelve states began program operations. North Dakota received initial funding in 1994 - 1996 to establish the system and infrastructure to make the program work. By late 1996, the funding to ND expanded to begin paying for screening services for eligible women. The first woman in the program was screened in September 1997 in Wells County.

Program eligibility is based upon three variables -- age, income and insurance status. Please refer to the *Women's Way* brochure attached to this testimony. You will notice a summary of the eligibility requirements.

- Age -- 50 to 64 yr. old women are the target population;
18 to 49 yr. old women **may** be eligible for some services
- Income -- 200% of federal poverty level
- Insurance -- have no insurance, insurance with limited coverage or deductibles and co-pays that are unaffordable

Women's Way is a screening program; therefore, it pays for medical services that screen for and diagnose breast and cervical cancer. Below is a list of the procedures paid for by the program.

- office visit
- clinical breast exam
- pelvic exam
- Pap smear

- screening mammogram
- diagnostic mammogram
- fine needle aspiration
- breast ultrasound
- breast biopsy
- endocervical curettage
- colposcopy
- second opinion office visits
- repeat clinical breast exams
- surgical consultations
- pathology

Next, I'd like to refer you to a summary of the program's outcomes to the present time and briefly share these with you.

See attached Numbers Update.

According to the federal legislation, program funds may not be used to pay for treatment of diagnosed breast or cervical cancers. As stated earlier, 22 breast cancers and no cervical cancers have been diagnosed since September of 1997. However, 82 cervical dysplasias have been diagnosed and 61 of those have been required to have some type of treatment or have elected to have treatment. Even though *Women's Way* is not able to pay for treatment, none of these women have gone without treatment. When the state agrees to accept the federal funding for this program, we assure that we will find ways to pay for treatment or assist women to find community and/or health care provider resources for that treatment.

A large amount of the administrative dollars in this program are sent out to local health agencies through contracts. Ten of the largest local health departments in ND receive funds to administer the program in from 4 to 8 counties. A list of the 10 local coordinating units is attached. The list also includes the name of the coordinator for that area, the counties included in the area and contact information. The local coordinators act as case managers for women with screening abnormalities or diagnosed cancers.

It is our understanding that this proposed legislation would allow for Medicaid funds to pay for treatment needed by women in *Women's Way*. Details would need to be discussed between Medicaid and the *Women's Way* program.

Kenneweg, Danielle A.

Modified:

Mon 2/5/01 11:23 AM

Members of the Human Resources Division of the House Appropriations Committee:

Attached is a copy of the testimony that I gave to the Human Services Committee on HB 1472. This provides more background information about Women's Way as you make your decision. Also attached is a copy of the federal legislation that authorizes the National Breast and Cervical Cancer Early Detection Program and a copy of definitions of medical terminology that is pertinent.

Please let me know if you have any questions or need further information.

Danielle Kenneweg, Coordinator
Women's Way
North Dakota Department of Health

American Cancer Society
Recommended Screening Guidelines

Breast Cancer Screening

• **Clinical Breast Exam**

Ages 20 through 39.....Every 3 years
Ages 40 & above.....Every year

• **Mammogram**

Ages 35 through 39.....One Baseline
Ages 40 & above.....Every year

On the day of your mammogram, do not use deodorant, powder, perfume or lotion on your breasts or underarms. They can cause incorrect test results.

Cervical Cancer Screening

• **Pap Smear**

All women who are, or who have been, sexually active or who have reached age 18 should have a yearly Pap smear and pelvic exam. After three normal yearly exams, the Pap smear may be done less often on the advice of a health care provider.

• **Pelvic Exam**

Ages 18 through 39.....Every 1 to 3 years
with Pap smear
Ages 40 & above.....Every year

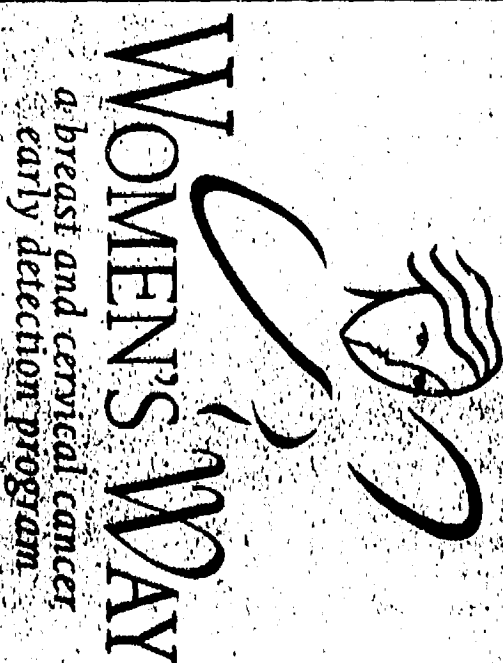
Do not douche or use any vaginal medication for three days before your Pap smear. Do not have sex during the 24-hour period before your Pap smear.

Please address your envelope to:



1-800-44 WOMEN

www.womensway.net



1-800-44 WOMEN

www.womensway.net

Division of Health Promotion
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, North Dakota 58505-0200

What is Women's Way?

Women's Way is a breast and cervical cancer early detection program available to eligible North Dakota women.

This program is made possible by funding from the Centers for Disease Control and Prevention.

What is Available?

Women ages 18 through 49 are eligible for:

- Clinical breast exams
- Pap smears
- Pelvic exams

Women ages 50 through 64 are eligible for:

- Mammograms
- Clinical breast exams
- Pap smears
- Pelvic exams

Women's Way provides information about breast and cervical health including:

- Breast self exam
- Screening guidelines
- Risk factors
- Importance of early detection

Who Qualifies?

To take part in this program, certain income and insurance guidelines apply:

Income Guidelines:

Number of people in your household:	Yearly household income* before taxes cannot exceed:
1	\$16,700
2	22,500
3	28,300
4	34,100
5	39,900
6	45,700
7	51,500
8	57,300
9	63,100
10	68,900

* 2000 guidelines

Insurance Guidelines:

- No health insurance **OR**
- Unable to pay insurance deductibles and/or co-payments **OR**
- Pap smears and/or mammograms not covered by insurance plan

Medicare covers annual screening mammograms for all female beneficiaries age 40 and older.

Women who do not qualify for *Women's Way* services may call 1-800-44 WOMEN for more information about breast and cervical cancer screening.

This publication is funded by a cooperative agreement with the Centers for Disease Control U57/CCU812867-04.


☐ Yes! I'd like to learn more about *Women's Way*.

Name: _____

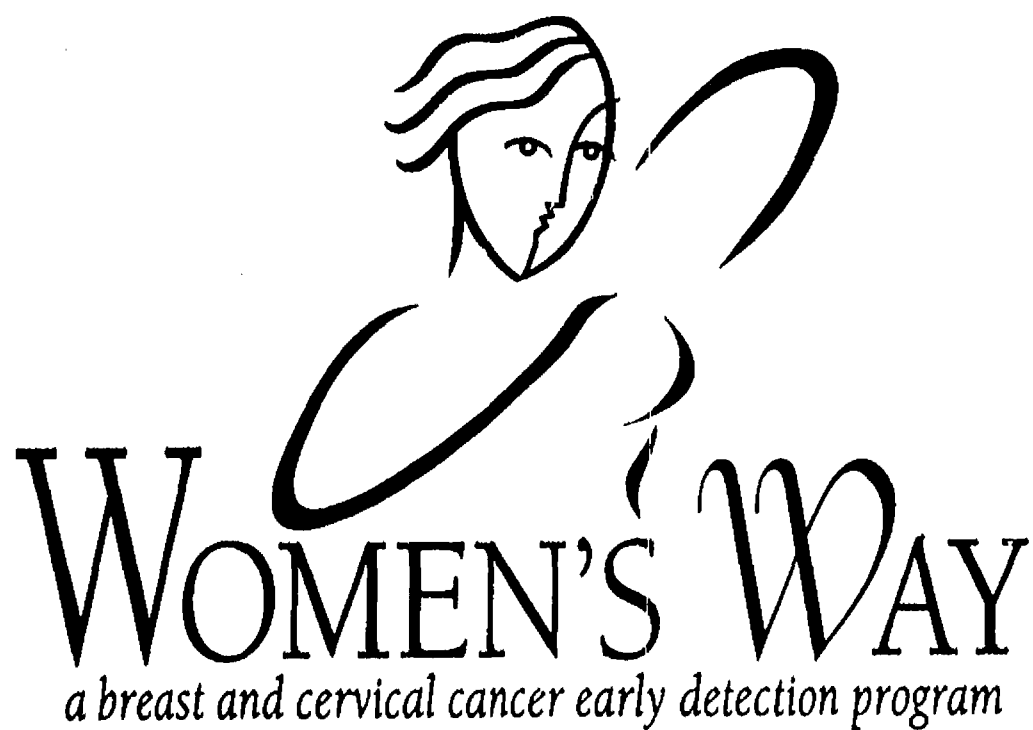
Address: _____

Phone: _____

Date: _____


WOMEN'S WAY
a breast and cervical cancer
early detection program

1-800-44 WOMEN
www.womensway.net



Women's Way Data Update

**North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health**

September 1997 - December 2000

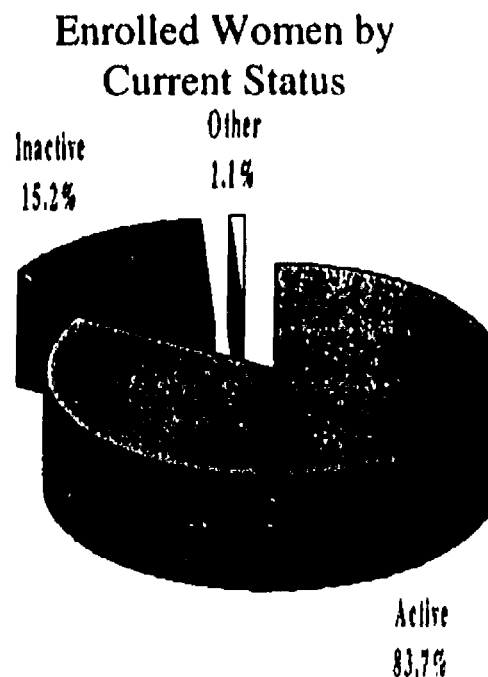


Women's Way Data Update

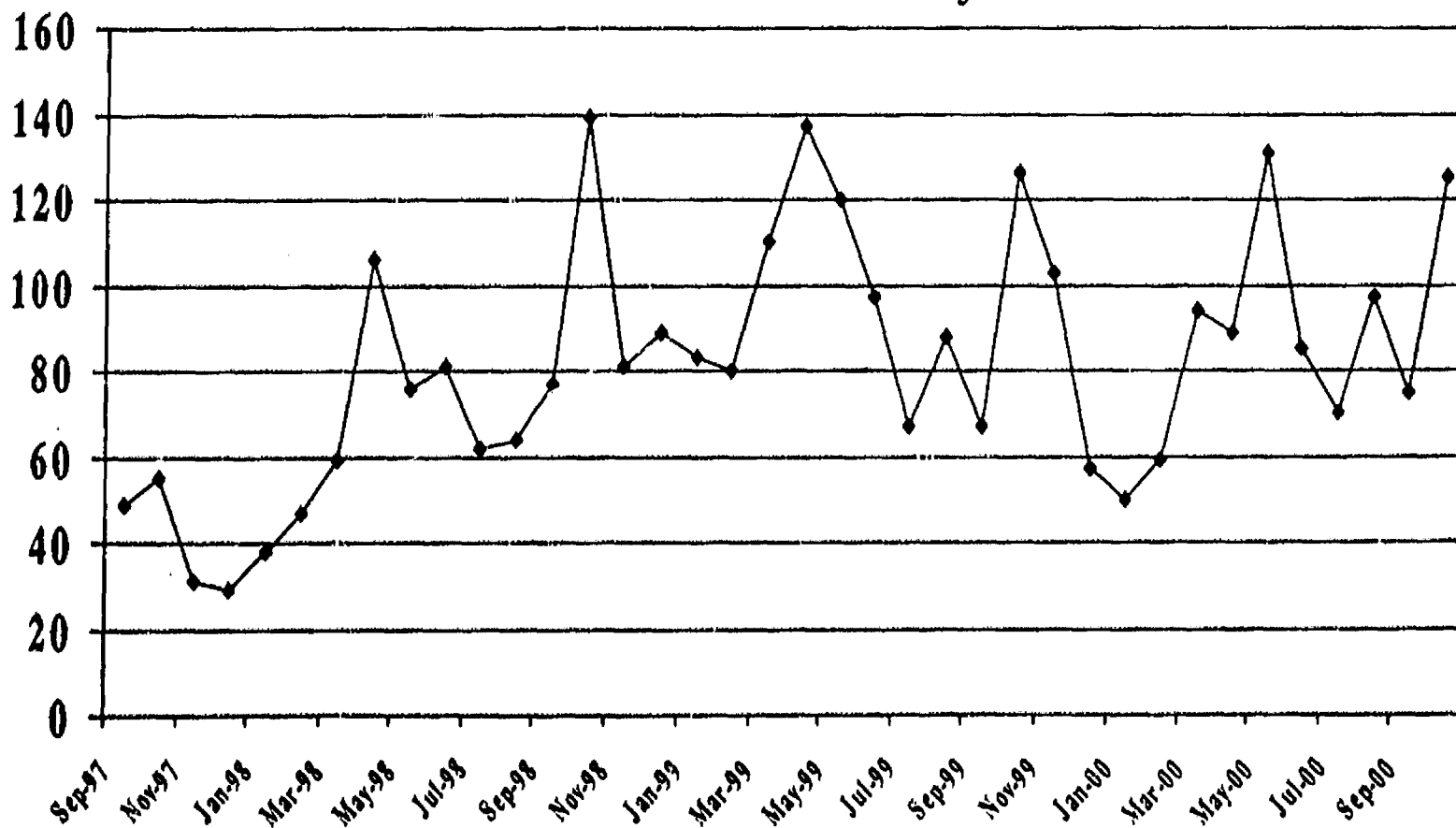
North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health

Women's Way Enrollments

A total of 3,184 women have enrolled in *Women's Way* since the time the program was launched in September 1997. Of the 3,184 women who have enrolled in the program, 2,618 (83.7%) are currently active in the program.



Number of New Enrollments by Month





Women's Way Data Update

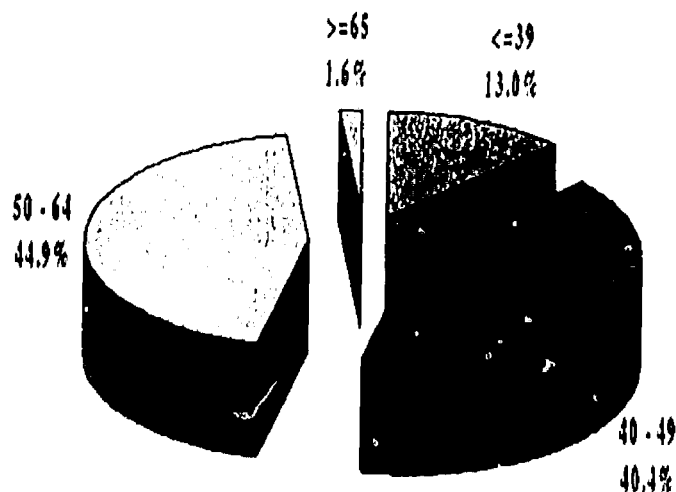
North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health

Women's Way Age at Time of Initial Enrollment

Women's Way specifically targets women ages 40 to 64. Statewide, of the 3,184 women who have enrolled in Women's Way, 2,696 (84.6%) are women ages 40 to 64.

Age at Time of Initial Enrollment

All Women (N = 3,184)

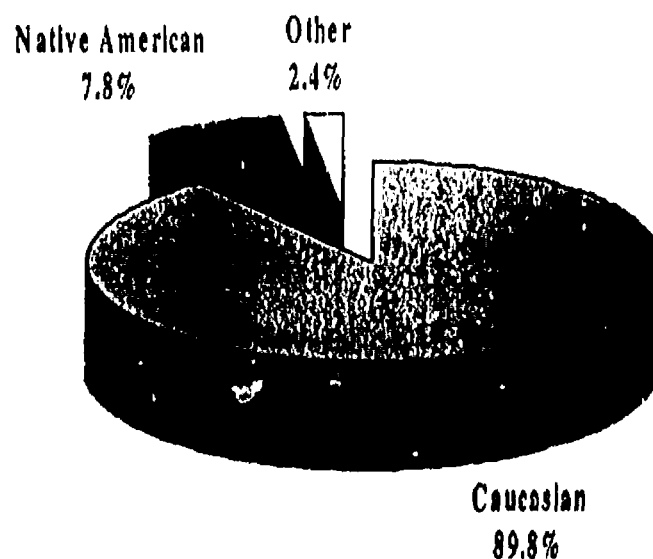


Women's Way Race

Statewide, 246 (7.8%) of the 3,184 enrolled women are Native American.

Race of Women Enrolled

All Women (N = 3,184)

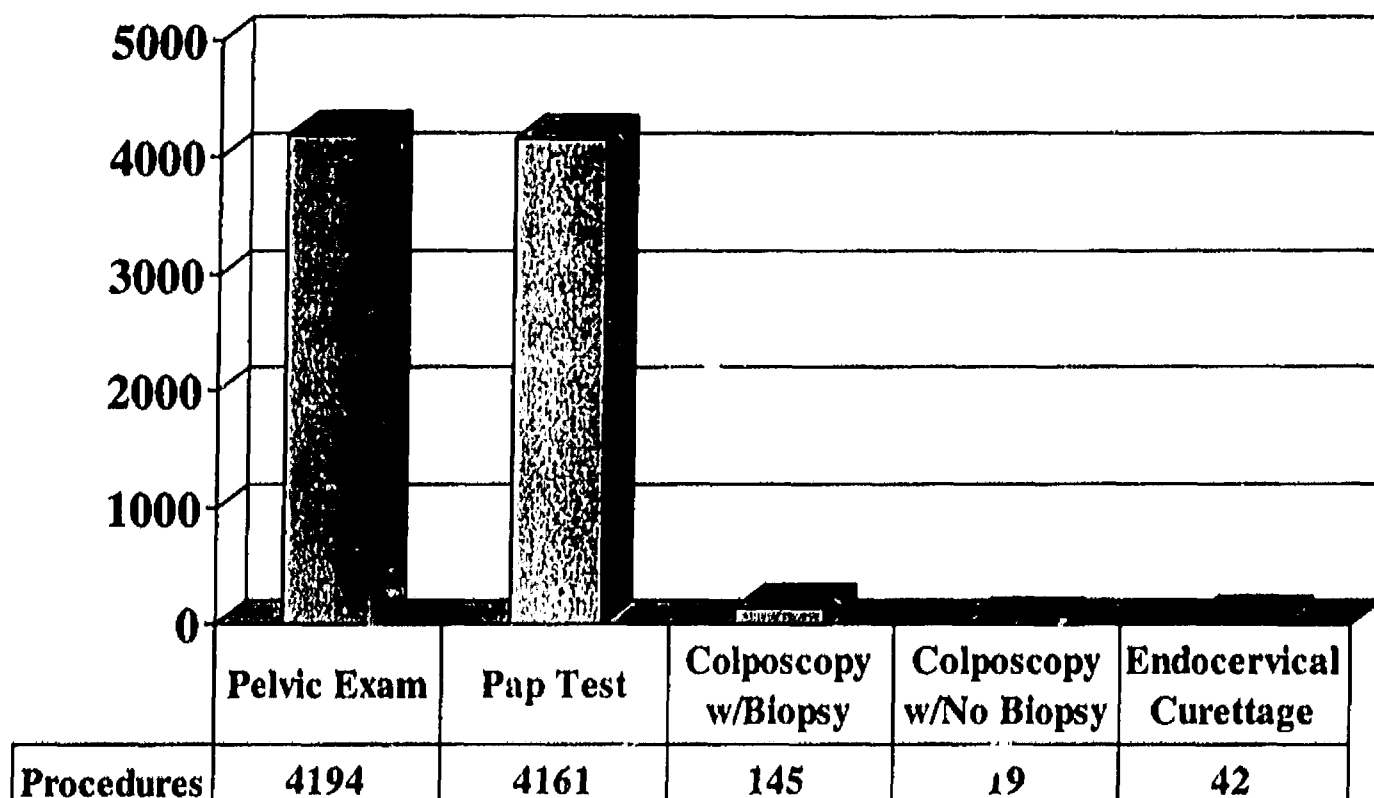




Women's Way Data Update

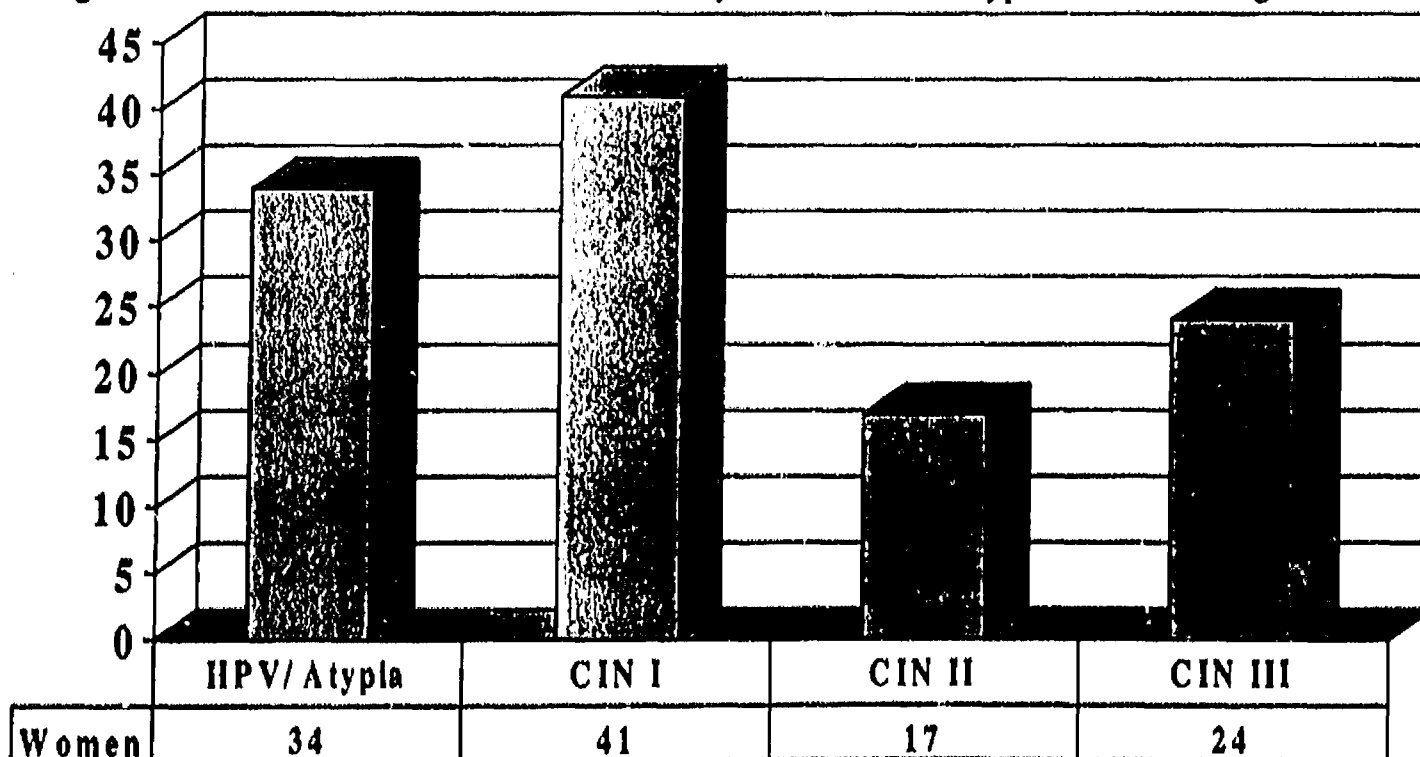
North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health

Number of Cervical Procedures Performed



Women's Way Cervical Conditions Diagnosed

Women's Way has had no cervical cancer diagnosed, but has had 82 cases of cervical dysplasia diagnosed. In addition, 34 cases of HPV, Condylomata, and/or Atypia have been diagnosed.

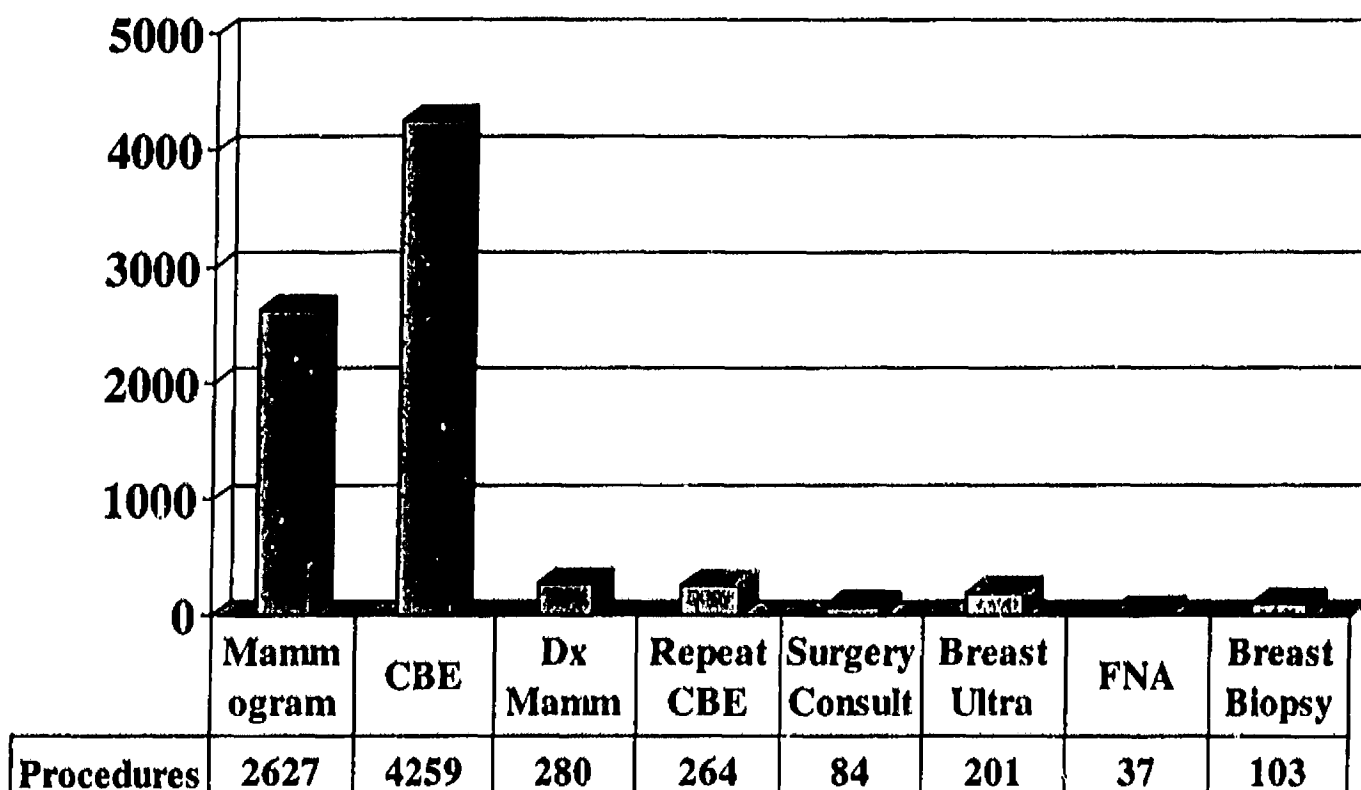




Women's Way Data Update

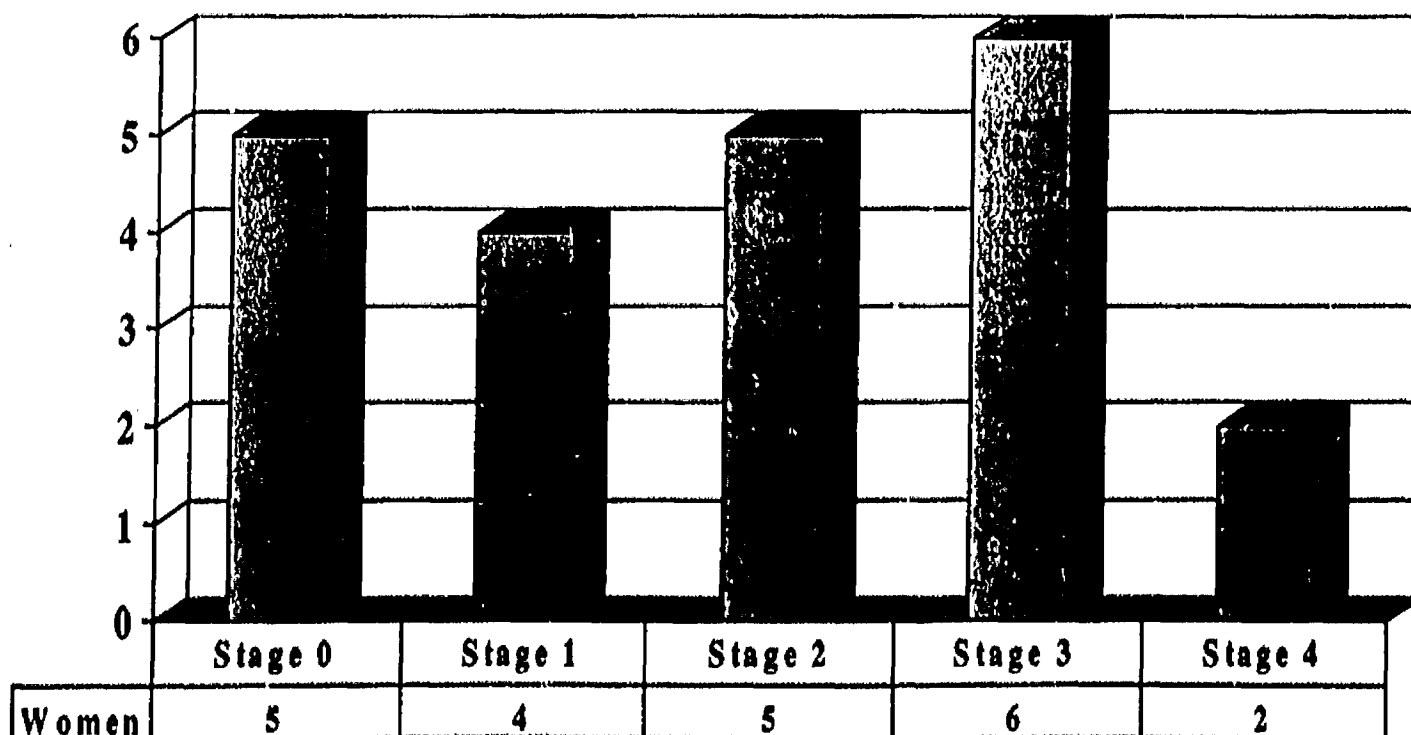
North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health

Number of Breast Procedures Performed



Women's Way Breast Cancer Diagnosed

Women's Way has had 22 women diagnosed with breast cancer.





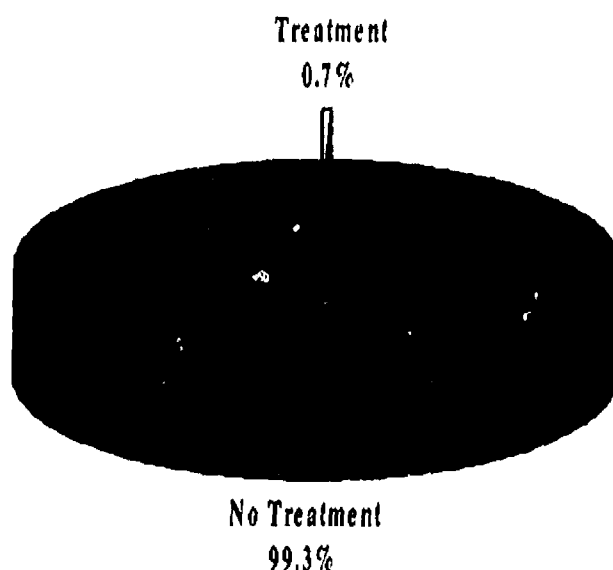
Women's Way Data Update

North Dakota Breast & Cervical Cancer Early Detection Program
North Dakota Department of Health

Women's Way Treatment - Breast Diagnosis

Of the 3,184 women who have participated in *Women's Way*, 22 (0.7%) have been diagnosed with breast cancer that required treatment.

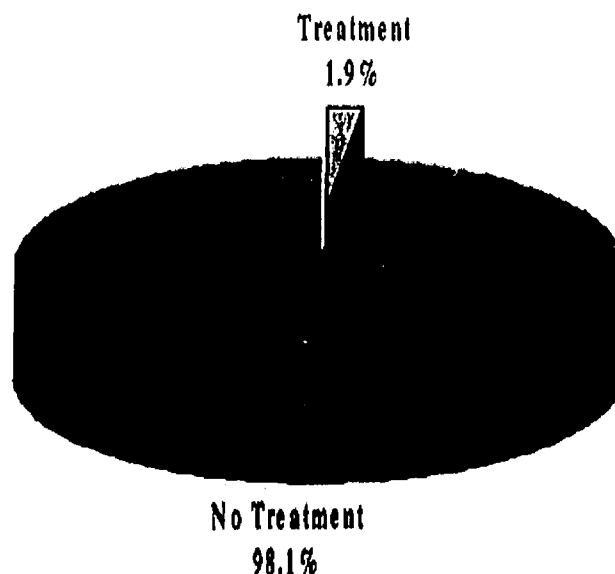
Treatment for Breast Cancer
Number of Women

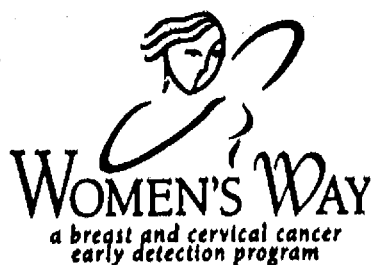


Women's Way Treatment - Cervical Diagnosis

Of the 3,184 women who have participated in *Women's Way*, no woman has been diagnosed with cervical cancer. However, 41 women have been diagnosed with CIN II or CIN III dysplasia, both of which require treatment. In addition, 75 women have been diagnosed with CIN I dysplasia, HPV, Condylomata, and/or Atypia. Treatment is optional for these diagnoses, and 20 of the 75 have pursued treatment. Thus, a total of 61 women (1.9%) have pursued treatment options for a cervical diagnosis.

Treatment for Cervical Cancer
Number of Women





LOCAL COORDINATING UNITS

Women's Way Program

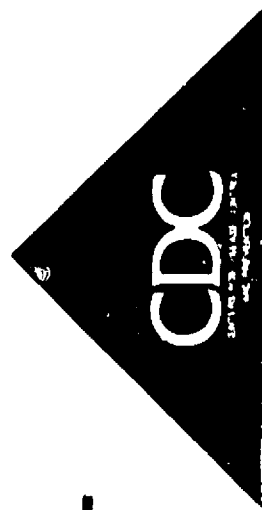
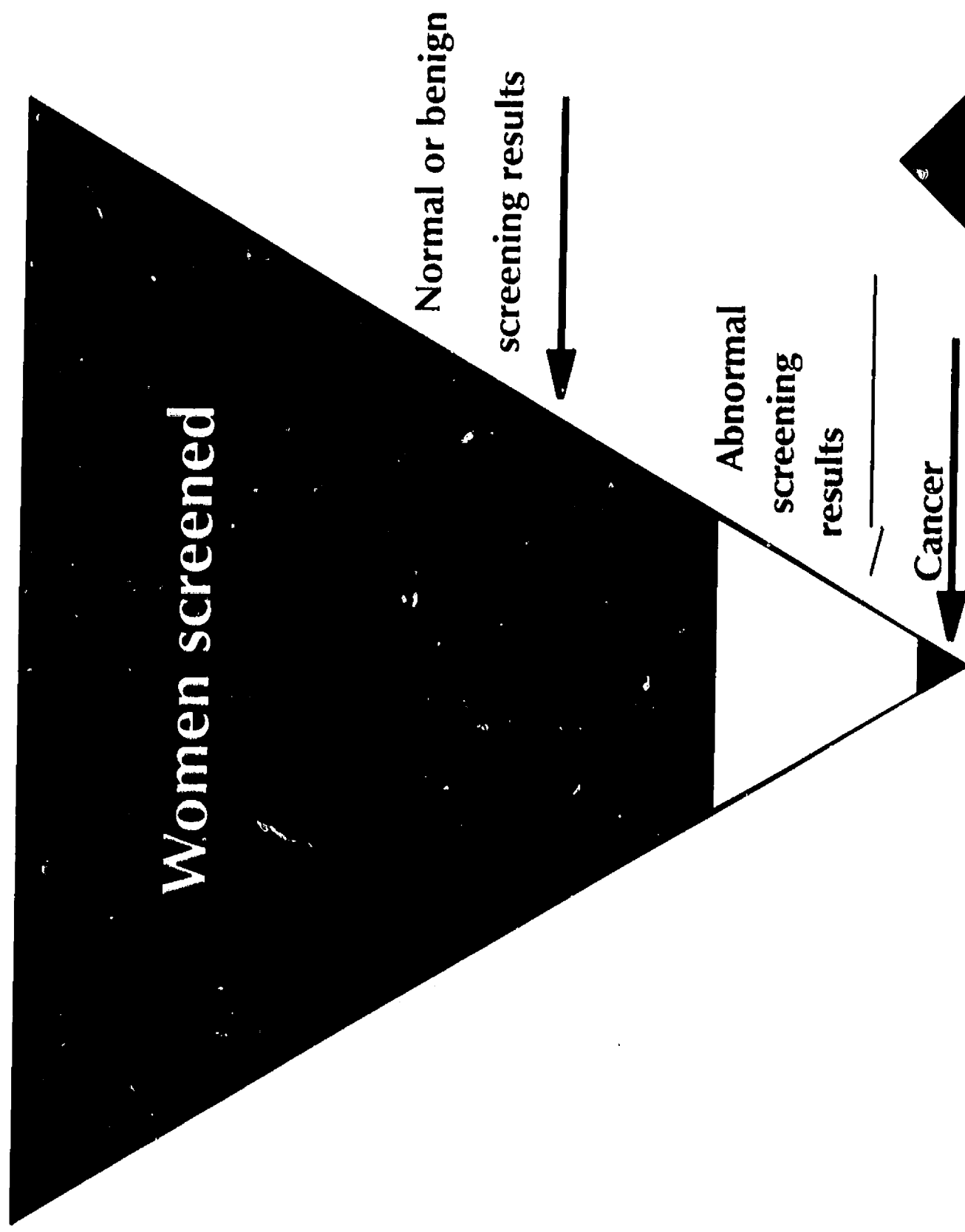
State Office: 701.328.2333 or 1.800.280.5512

Toll Free: 1.800.449.6636

LCU/Address/Counties	Local Coordinator	Phone and Fax Numbers
Bismarck-Burleigh Public Health 221 N. 5th Street, P. O. Box 5503 Bismarck, ND 58502-5503 (Burleigh, Kidder, Emmons, Wells Counties)	JuLann Wiseman wiseman@pioneer.state.nd.us	222.6527 Fax: 221.6883
Central Valley Health Unit 310 10th Street SE, P. O. Box 880 Jamestown, ND 58401 (Stutsman, Foster, LaMoure, Logan, McIntosh Counties)	Robin Iszler riszler@csicable.com	252.8130 Fax: 252.8137
Custer District Health Unit 210 2nd Avenue NW Mandan, ND 58554 (Morton, Grant, Mercer, Oliver, Sioux Counties)	Joyce Saylor jsaylor@state.nd.us	667.3370 Fax: 667.3371
Fargo Cass Public Health 401 3rd Avenue North Fargo, ND 58102 (Cass, Steele, Trall, Barnes Counties)	Colleen Olson cmolson@cl.fargo.nd.us	298.6918 Fax: 241.8559
First District Health Unit 801 11th Avenue, SW, P. O. Box 1268 Minot, ND 58702 (Ward, Bottineau, Burke, McHenry, McLean, Renville, Rolette, Sheridan Counties)	Paula Kummer paulak@minot.ndak.net	852.1376 Fax: 852.5043
Grand Forks Public Health Department 151 South 4th Street, Suite N301 Grand Forks, ND 58201-4735 (Grand Forks, Cavalier, Griggs, Nelson, Pembina, Walsh Counties)	Kim Adams kadams@grandforksgov.com	787-8118 Fax: 787-8145
Lake Region District Health Unit 524 4th Avenue #9 Devils Lake, ND 58301 (Ramsey, Benson, Eddy, Pierce, Towner Counties)	Deb Schliff Pierce Co. Courthouse Rugby, ND 58368 dschliff@state.nd.us (w)	776.6937 Fax: 776.7609
Richland County Health Department 413 3rd Avenue N Wahpeton, ND 58075 (Richland, Sargent, Dickey, Ransom Counties)	Jean Smith jksmith@pioneer.state.nd.us	642.7741 Fax: 642.7826
Southwestern District Health Unit 2869 Third Avenue West Dickinson, ND 58601 (Stark, Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger Counties)	Julie Johnson jtmehl@yahoo.com	483.0171 Fax: 483.4097
Upper Missouri District Health Unit 507 University Avenue Williston, ND 58801 (Williams, Divide, McKenzie, Mountrail Counties)	Randa Eldred reldred@dia.net	572.3763 Fax: 572.8536

Rev. 1/28/01

Illustration of a Cancer Screening Program





National Center for Chronic Disease Prevention and Health Promotion

Cancer Prevention and Control

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**Breast and Cervical
Cancer Contents**

- Home
- About the Program
- What's New
- Contacts

Cancer Contents

- About the Program
- Fact Sheets
- What's New
- National Data
- State Data
- Legislation
- Partner Profiles
- Program Contacts

The National Breast and Cervical Cancer Early Detection Program

Authorizing and Related Legislation

The Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) established the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. The program provides breast and cervical cancer screening exams to underserved women, including those who are older, have low incomes, or are members of racial and ethnic minority groups. The program operates in all 50 states, the District of Columbia, 6 U.S. territories, and 12 American Indian/ Alaska Native organizations.

This document contains the text of the legislation that established the program (Title 42 USC § 300k), its amendments, and directly related legislation.

Title 42. The Public Health and Welfare
Chapter 6a. The Public Health Service
Preventive Health Measures with Respect to Breast and
Cervical Cancers
42 U.S.C. § 300k

Note: Amendments to 42 USC § 300k are indicated in bold and italics, followed by a reference to the amending law in parentheses. Links to related legislation are provided in the text.

§ 300k. Establishment of program of grants to States

(a) In general. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to States on the basis of an established competitive review process for the purpose of carrying out programs—

(1) to screen women for breast and cervical cancer as a preventive health measure;

(2) to provide appropriate referrals for medical treatment of women screened pursuant to paragraph (1) and to ensure, to the extent practicable, the provision of appropriate follow-up services *and support services such as case management (Women's Health Research and Prevention Amendments of 1998, Public Law 105-*

340);

(3) to develop and disseminate public information and education programs for the detection and control of breast and cervical cancer;

(4) to improve the education, training, and skills of health professionals (including allied health professionals) in the detection and control of breast and cervical cancer;

(5) to establish mechanisms through which the States can monitor the quality of screening procedures for breast and cervical cancer, including the interpretation of such procedures; and

(6) to evaluate activities conducted under paragraphs (1) through (5) through appropriate surveillance or program-monitoring activities.

(b) Grant and contract authority of States.

(1) In general. A state receiving a grant under subsection (a) may, subject to paragraphs (2) and (3), expend the grant to carry out the purpose described in such subsection ***through grants to public and non profit private entities and through contracts with public and private entities (Women's Health Research and Prevention Amendments of 1998, Public Law 105-340).***

(2) CERTAIN APPLICATIONS- If a nonprofit private entity and a private entity that is not a nonprofit entity both submit applications to a State to receive an award of a grant or contract pursuant to paragraph (1), the State may give priority to the application submitted by the nonprofit private entity in any case in which the State determines that the quality of such application is equivalent to the quality of the application submitted by the other private entity (Women's Health Research and Prevention Amendments of 1998, Public Law 105-340).

(3) Payments for screenings. The amount paid by a State to an entity under this subsection for a screening procedure under subsection (a)(1) may not exceed the amount that would be paid under part B of title XVIII of the Social Security Act [42 U.S.C. §§ 1395j et seq.] if payment were made under such part for furnishing the procedure to a woman enrolled under such part.

(Click here to see legislation related to this provision)

(c) Special consideration for certain States. In making grants under subsection (a) to States whose initial grants under such subsection are made for fiscal year 1995 or any subsequent fiscal year, the Secretary shall give special consideration to any State

whose proposal for carrying out programs under such subsection--

(1) has been approved through a process of peer review; and

(2) is made with respect to geographic areas in which there is--

(A) a substantial rate of mortality from breast or cervical cancer; or

(B) a substantial incidence of either of such cancers.

[(d)](c) Coordinating committee regarding year 2000 health objectives. The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a committee to coordinate the activities of the agencies of the Public Health Service (and other appropriate Federal agencies) that are carried out toward achieving the objectives established by the Secretary for reductions in the rate of mortality from breast and cervical cancer in the United States by the year 2000. Such committee shall be comprised of Federal officers or employees designated by the heads of the agencies involved to serve on the committee as representatives of the agencies, and such representatives from other public or private entities as the Secretary determines to be appropriate.

§ 300l. Requirement of matching funds

(a) In general. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees, with respect to the costs to be incurred by the State in carrying out the purpose described in such section, to make available non-Federal contributions (in cash or in kind under subsection (b)) toward such costs in an amount equal to not less than \$1 for each \$3 of Federal funds provided in the grant. Such contributions may be made directly or through donations from public or private entities.

(b) Determination of amount of non-Federal contribution.

(1) In general. Non-Federal contributions required in subsection (a) may be in cash or in kind, fairly evaluated, including equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(2) Maintenance of effort. In making a determination of the amount of non-Federal contributions for purposes of subsection (a), the Secretary may include only non-Federal contributions in excess of the average amount of non-

Federal contributions made by the State involved toward the purpose described in section 1501 [42 U.S.C. § 300k] for the 2-year period preceding the first fiscal year for which the State is applying to receive a grant under such section.

(3) Inclusion of relevant non-Federal contributions for Medicaid. In making a determination of the amount of non-Federal contributions for purposes of subsection (a), the Secretary shall, subject to paragraphs (1) and (2) of this subsection, include any non-Federal amounts expended pursuant to title XIX of the Social Security Act [42 U.S.C. § 1396 et seq.] by the State involved toward the purpose described in paragraphs (1) and (2) of section 1501(a) [42 U.S.C. § 300k(a)].

§ 300l-1. Requirement regarding medical

The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] for a program in a State unless the State plan under title XIX of the Social Security Act [42 U.S.C. §§ 1396 et seq.] for the State includes the screening procedures specified in subparagraphs (A) and (B) of section 1503(a)(2) [42 U.S.C. § 300m(a)(2)(A), (B)] as medical assistance provided under the plan.

§ 300m. Requirements with respect to type and quality of services

(a) Requirement of provision of all services by date certain. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees—

(1) to ensure that, initially and throughout the period during which amounts are received pursuant to the grant, not less than 60 percent of the grant is expended to provide each of the services or activities described in paragraphs (1) and (2) of section 1501(a) [42 U.S.C. § 300k(a)], including making available screening procedures for both breast and cervical cancers;

(2) subject to subsection (b), to ensure that—

(A) in the case of breast cancer, both a physical examination of the breasts and the screening procedure known as a mammography are conducted; and

(B) in the case of cervical cancer, both a pelvic examination and the screening procedure known as a pap smear are conducted;

(3) to ensure that, by the end of any second fiscal year of payments pursuant to the grant, each of the services or activities described in section 1501(a) [42 U.S.C. § 300k

(a)] is provided; and

(4) to ensure that not more than 40 percent of the grant is expended to provide the services or activities described in paragraphs (3) through (6) of such section.

(b) Use of improved screening procedures. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that, if any screening procedure superior to a procedure described in subsection (a)(2) becomes commonly available and is recommended for use, any entity providing screening procedures pursuant to the grant will utilize the superior procedure rather than the procedure described in such subsection.

(c) Quality assurance regarding screening procedures. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that the State will, in accordance with applicable law, assure the quality of screening procedures conducted pursuant to such section.

§ 300n. Additional required agreements

(a) Priority for low-income women. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that low-income women will be given priority in the provision of services and activities pursuant to paragraphs (1) and (2) of section 1501(a) [42 U.S.C. § 300k(a)].

(b) Limitation on imposition of fees for services. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that, if a charge is imposed for the provision of services or activities under the grant, such charge—

(1) will be made according to a schedule of charges that is made available to the public;

(2) will be adjusted to reflect the income of the woman involved; and

(3) will not be imposed on any woman with an income of less than 100 percent of the official poverty line, as established by the Director of the Office of Management and Budget and revised by the Secretary in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 [42 U.S.C. § 9902(2)].

(c) Statewide provision of services.

(1) In general. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that services and activities under the grant will be made available throughout the State, including availability

to members of any Indian tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act [25 U.S.C. § 450b]).

(2) **Waiver.** The Secretary may waive the requirement established in paragraph (1) for a State if the Secretary determines that compliance by the State with the requirement would result in an inefficient allocation of resources with respect to carrying out the purpose described in section 1501(a) [42 U.S.C. § 300k(a)].

(3) **Grants to tribes and tribal organizations.**

(A) The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to tribes and tribal organizations (as such terms are used in paragraph (1)) for the purpose of carrying out programs described in section 1501(a) [42 U.S.C. § 300k(a)]. This title applies to such a grant (in relation to the jurisdiction of the tribe or organization) to the same extent and in the same manner as such title applies to a grant to a State under section 1501 [42 U.S.C. § 300k] (in relation to the jurisdiction of the State).

(B) If a tribe or tribal organization is receiving a grant under subparagraph (A) and the State in which the tribe or organization is located is receiving a grant under section 1501 [42 U.S.C. § 300k], the requirement established in paragraph (1) for the State regarding the tribe or organization is deemed to have been waived under paragraph (2).

(d) **Relationship to items and services under other programs.** The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that the grant will not be expended to make payment for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to such item or service—

(1) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(2) by an entity that provides health services on a prepaid basis.

(e) **Coordination with other breast and cervical cancer programs.** The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that the services and activities funded through the grant shall be coordinated with other Federal, State, and local breast and cervical cancer programs.

(f) Limitation on administrative expenses. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that not more than 10 percent of the grant will be expended for administrative expenses with respect to the grant.

(g) Restrictions on use of grant. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that the grant will not be expended to provide inpatient hospital services for any individual.

(h) Records and audits. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees that—

(1) the State will establish such fiscal control and fund accounting procedures as may be necessary to ensure the proper disbursement of, and accounting for, amounts received by the State under such section; and

(2) upon request, the State will provide records maintained pursuant to paragraph (1) to the Secretary or the Comptroller of the United States for purposes of auditing the expenditures by the State of the grant.

(i) Reports to Secretary. The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless the State involved agrees to submit to the Secretary such reports as the Secretary may require with respect to the grant.

§ 300n-1. Description of intended uses of grant

The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless—

(1) the State involved submits to the Secretary a description of the purposes for which the State intends to expend the grant;

(2) the description identifies the populations, areas, and localities in the State with a need for the services or activities described in section 1501(a) [42 U.S.C. § 300k (a)];

(3) the description provides information relating to the services and activities to be provided, including a description of the manner in which the services and activities will be coordinated with any similar services or activities of public and nonprofit private entities; and

(4) the description provides assurances that the grant funds will be used in the most cost-effective manner.

§ 300n-2. Requirement of submission of application

The Secretary may not make a grant under section 1501 [42 U.S.C. § 300k] unless an application for the grant is submitted to the Secretary, the application contains the description of intended uses required in section 1505 [42 U.S.C. § 300n-1], and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this title [42 U.S.C. §§ 300k et seq.].

§ 300n-3. Technical assistance and provision of supplies and services in lieu of grant funds

(a) Technical assistance. The Secretary may provide training and technical assistance with respect to the planning, development, and operation of any program or service carried out pursuant to section 1501 [42 U.S.C. § 300k]. The Secretary may provide such technical assistance directly or through grants to, or contracts with, public and private entities.

(b) Provision of supplies and services in lieu of grant funds.

(1) In general. Upon the request of a State receiving a grant under section 1501 [42 U.S.C. § 300k], the Secretary may, subject to paragraph (2), provide supplies, equipment, and services for the purpose of aiding the State in carrying out such section and, for such purpose, may detail to the State any officer or employee of the Department of Health and Human Services.

(2) Corresponding reduction in payments. With respect to a request described in paragraph (1), the Secretary shall reduce the amount of payments under the grant under section 1501 [42 U.S.C. § 300k] to the State involved by an amount equal to the costs of detaching personnel (including pay, allowances, and travel expenses) and the fair market value of any supplies, equipment, or services provided by the Secretary. The Secretary shall, for the payment of expenses incurred in complying with such request, expend the amounts withheld.

§ 300n-4. Evaluations and reports

(a) Evaluations. The Secretary shall, directly or through contracts with public private entities, provide for annual evaluations of programs carried out pursuant to section 1501 [42 U.S.C. § 300k]. Such evaluations shall include evaluations of the extent to which States carrying out such programs are in compliance with section 1501(a)(2) [42 U.S.C. § 300k(a)(2)] and with section 1504© [42 U.S.C. § 300n(c)].

(b) Report to Congress. The Secretary shall, not later than 1 year after the date on which amounts are first appropriated pursuant

to section 1509(a) [42 U.S.C. § 300n-5(a)], and annually thereafter, submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report summarizing evaluations carried out pursuant to subsection (a) during the preceding fiscal year and making such recommendations for administrative and legislative initiatives with respect to this title [42 U.S.C. §§ 300k et seq.] as the Secretary determines to be appropriate, including recommendations regarding compliance by the States with section 1501(a)(2) [42 U.S.C. § 300k(a)(2)] and with section 1504© [42 U.S.C. § 300n(c)].

§ 300n-4a. Supplemental grants for additional preventive health services

(a) Demonstration projects. In the case of States receiving grants under section 1501 [42 U.S.C. § 300k], the Secretary, acting through the Director of the Centers for Disease Control and Prevention, may make grants to not more than 3 such States to carry out demonstration projects for the purpose of—

(1) providing preventive health services in addition to the services authorized in such section, including screenings regarding blood pressure and cholesterol, and including health education;

(2) providing appropriate referrals for medical treatment of women receiving services pursuant to paragraph (1) and ensuring, to the extent practicable, the provision of appropriate follow-up services; and

(3) evaluating activities conducted under paragraphs (1) and (2) through appropriate surveillance or program-monitoring activities.

(b) Status as participant in program regarding breast and cervical cancer. The Secretary may not make a grant under subsection (a) unless the State involved agrees that services under the grant will be provided only through entities that are screening women for breast or cervical cancer pursuant to a grant under section 1501 [42 U.S.C. § 300k].

(c) Applicability of provisions of general program. This title [42 U.S.C. §§ 300k et seq.] applies to a grant under subsection (a) to the same extent and in the same manner as such title applies to a grant under section 1501 [42 U.S.C. § 300k].

(d) Funding.

(1) In general. Subject to paragraph (2), for the purpose of carrying out this section, there are authorized to be appropriated \$ 3,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 **through 2003 (Women's Health Research and Prevention Amendments of 1998, Public Law 105-**

340).

(2) Limitation regarding funding with respect to breast and cervical cancer. The authorization of appropriations established in paragraph (1) is not effective for a fiscal year unless the amount appropriated under section 1510(a) [42 U.S.C. § 300n-5(a)] for the fiscal year is equal to or greater than \$ 100,000,000.

§ 300n-5. Funding for general program

(a) Authorization of appropriations. For the purpose of carrying out this title [42 U.S.C. §§ 300k et seq.], there are authorized to be appropriated \$ 50,000,000 for fiscal year 1991, such sums as may be necessary for each of the fiscal years 1992 and 1993, \$ 150,000,000 for fiscal year 1994, and such sums as may be necessary for each of the fiscal years 1995 **through 2003** (*Women's Health Research and Prevention Amendments of 1998, Public Law 105-340*).

(b) Set-aside for technical assistance and provision of supplies and services. Of the amounts appropriated under subsection (a) for a fiscal year, the Secretary shall reserve not more than 20 percent for carrying out section 1507 [42 U.S.C. § 300n-3].

Legislation Related to 42 U.S.C. § 300k

Public Law 106-113 (The Balanced Budget Refinement Act of 1999), Section 224. Increase in reimbursement for pap smears. Passed 11/29/99. Related to 42 U.S.C. § 300k(b)(3).

(a) Pap Smear Payment Increase.—Section 1833(h) (42 U.S.C. 1395l(h)) is amended by adding at the end the following new paragraph: "(7) Notwithstanding paragraphs (1) and (4), the Secretary shall establish a national minimum payment amount under this subsection for a diagnostic or screening pap smear laboratory test (including all cervical cancer screening technologies that have been approved by the Food and Drug Administration as a primary screening method for detection of cervical cancer) equal to \$14.60 for tests furnished in 2000. For such tests furnished in subsequent years, such national minimum payment amount shall be adjusted annually as provided in paragraph (2)."

(b) Sense of Congress.—It is the sense of the Congress that—

(1) the Health Care Financing Administration has been slow to incorporate or provide incentives for providers to use new screening diagnostic health care technologies in the area of cervical cancer;

(2) some new technologies have been developed which optimize the effectiveness of pap smear screening; and

(3) the Health Care Financing Administration should institute an appropriate increase in the payment rate for new cervical cancer screening technologies that have been approved by the Food and Drug Administration and that are significantly more effective than a conventional pap smear.

(Return to main text of Title 42 USC § 300k(b)(3))

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This page last reviewed Wednesday, April 26, 2000.

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control

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Testimony
before the
House Human Services Committee
by
Jenny Witham
Community HealthCare Association
January 30, 2001

Chairman Price, members of the committee, my name is Jenny Witham and I am the Director of the Community HealthCare Association. I am submitting this testimony in support of HB 1472 relating to medical assistance for breast and cervical cancer.

The Community HealthCare Association is a non-profit corporation in North Dakota and South Dakota, established "to provide a network for advocacy and support services to member organizations whose purpose to provide primary health care to the medically underserved residents of North and South Dakota." The Association is primarily funded by grants from the federal agencies and private foundations.

Attached is the letter dated January 4, 2001 from the Health Care Financing Administration (HCFA) announcing the Breast and Cervical Cancer Prevention and Treatment Act of 2000. Under the new law, states are given the option, at an enhanced federal matching rate, to provide Medicaid coverage to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

The Community HealthCare Association and its members hope that you will seriously consider this opportunity to extend medical assistance to this group uninsured North Dakota women in need of treatment.

**TESTIMONY BEFORE THE HOUSE HUMAN SERVICES COMMITTEE
REGARDING HOUSE BILL 1472
JANUARY 30, 2001**

Chairman Price, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information regarding this bill.

Congress passed legislation in late October 2000 that permitted state Medicaid Programs to cover women who were screened for breast and cervical cancer under the Centers for Disease Control and Prevention early detection program. The Department of Health currently operates this program in North Dakota.

Prior to the passage of this law, low-income women were screened for breast and cervical cancer; but if cancer was discovered, there was no mechanism available to pay for treatment if the women were uninsured.

Congress provided an option through the Title XIX Medicaid Program to cover these women. Coverage would be provided to women who are diagnosed with breast or cervical cancer and do not otherwise have creditable health care coverage and are less than 65 years of age. The period of eligibility is limited to the period the individual requires treatment and could begin up to three months prior to the application for Medicaid. Eligible individuals would be able to access all eligible Medicaid services during this eligibility period. The federal match is at the same enhanced rate as the Healthy Steps Program or about 79% compared to about 70% for the regular Medicaid Program.

Based on data obtained from the Health Department, we estimated that about 23 women per year would be diagnosed with breast and cervical

cancer and not have access to health care coverage. The experience of other states indicate that the treatment costs are about \$10,000. In addition, the women could receive other Medicaid eligible services during the coverage period. The fiscal note indicates a cost of about \$538,200 for the next biennium of which about \$113,506 would be general funds.

The Department of Human Services did not consider including this new program in our current budget because the federal law was passed after we had submitted our budget to the Office of Management and Budget. While we can appreciate the merits of such a program, we cannot support this bill because the funds necessary to implement the program are not included in the Executive budget.

I would be happy to answer any questions you may have.

**TESTIMONY BEFORE THE HUMAN RESOURCES DIVISION
OF THE HOUSE APPROPRIATIONS COMMITTEE
REGARDING HOUSE BILL 1472
FEBRUARY 5, 2001**

Chairman Svedjan members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information regarding this bill.

Congress passed legislation in late October 2000 that permitted state Medicaid Programs to cover women who were screened for breast and cervical cancer under the Centers for Disease Control and Prevention early detection program. The Department of Health currently operates this program in North Dakota.

Prior to the passage of this law, low-income women were screened for breast and cervical cancer; but if cancer was discovered, no third party payment mechanism is available to pay for treatment if the women were uninsured.

Congress provided an option through the Title XIX Medicaid Program to cover these women. Coverage would be provided to women who are diagnosed with breast or cervical cancer and do not otherwise have creditable health care coverage and are less than 65 years of age. The period of eligibility is limited to the period the individual requires treatment and could begin up to three months prior to the application for Medicaid. Eligible individuals would be able to access all eligible Medicaid services during this eligibility period. The federal match is at the same enhanced rate as the Healthy Steps Program or about 79% compared to about 70% for the regular Medicaid Program.

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The Department of Human Services did not consider including this new program in our current budget because the federal law was passed after we had submitted our budget to the Office of Management and Budget. While we can appreciate the merits of such a program, the funds necessary to implement the program are not included in the Executive budget.

I would be happy to answer any questions you may have.

HB 1472
2-5-01

Testimony
before the
House Appropriations Committee
by
Janelle Johnson
Community HealthCare Association
February 5, 2001

Chairman Svedjan, members of the committee, my name is Janelle Johnson and I am the "Covering Kids" Coordinator for the Community HealthCare Association. I am submitting this testimony in support of HB 1472 relating to medical assistance for breast and cervical cancer.

The Community HealthCare Association is a non-profit corporation in North Dakota and South Dakota, established "to provide a network for advocacy and support services to member organizations whose purpose to provide primary health care to the medically underserved residents of North and South Dakota." The Association is primarily funded by grants from the federal agencies and private foundations.

Attached is the letter dated January 4, 2001 from the Health Care Financing Administration (HCFA) announcing the Breast and Cervical Cancer Prevention and Treatment Act of 2000. Under the new law, states are given the option, at an enhanced federal matching rate, to provide Medicaid coverage to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

The Community HealthCare Association and its members hope that you will seriously consider this opportunity to extend medical assistance to this group uninsured North Dakota women in need of treatment.

January 4, 2001

Dear State Health Official:

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA - the Act) (Public Law 106-354) amended Title XIX of the Social Security Act to give States enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of 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. The Act has an effective date of October 1, 2000.

The Health Care Financing Administration (HCFA) and CDC are committed to facilitating states' efforts to improve access to needed breast and cervical cancer treatment for uninsured women identified under the NBCCEDP as needing such treatment. This letter is a first step in support of that commitment. It provides a brief overview of CDC's NBCCEDP program and outlines the basic provisions of the new Medicaid coverage option.

Overview of CDC's National Breast and Cervical Cancer Early Detection Program (CDC Program)

During 2001, almost 50,000 women are expected to die from breast or cervical cancer in the United States despite the fact that earlier detection and treatment of these diseases could substantially decrease this mortality. Many of these deaths, which will occur disproportionately among women of racial and ethnic minority and low-income groups, could be avoided by making cancer screening services available to all women at risk. Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This Act established the NBCCEDP, which authorizes CDC to promote breast and cervical cancer screening and to pay for screening services for eligible women.

The NBCCEDP operates in all 50 states, the District of Columbia, 6 U.S. Territories, and 12 American Indian/Alaska Native organizations. Through cooperative agreements with state and territorial Health Departments, the District of Columbia Health Department, and American Indian/Alaskan Native Health Agencies, CDC's NBCCEDP builds the infrastructure for breast and cervical cancer early detection by supporting public and provider education, quality assurance, surveillance, and evaluation activities critical to achieving maximum utilization of the Program's screening, diagnostic and case management services.

Screening services provided by the NBCCEDP include clinical breast examinations, mammograms, pelvic examinations, and Papanicolaou (Pap) tests. Screening services

also include diagnostic services, such as surgical consultation and biopsy to ensure that all women with abnormal screening results receive timely and adequate diagnostic evaluation and treatment referrals. The law does not, however, allow CDC to pay for treatment services for women who are diagnosed with breast or cervical cancer.

As a condition of participation in the CDC program, 42 U.S.C.300n(a) requires states to agree that low-income women will be given priority in the provision of services. Over the past 10 years, the NBCCEDP has provided more than 2 million screening exams to underserved women, including older women, women with low incomes, and women of racial and ethnic minority groups. The program has diagnosed more than 8,600 breast cancers, over 39,000 pre-cancerous cervical lesions, and 660 cervical cancers. The overall goal of the NBCCEDP is to reduce mortality from breast and cervical cancers, and the success of this effort hinges on the identification and treatment of pre-cancerous conditions and early stage cancers.

Medicaid Program Requirements

It is difficult for many uninsured women who are screened and diagnosed through the CDC program to obtain timely access to treatment services. The BCCPTA allows States to provide coverage to these women under Medicaid. The following outlines the basic rules regarding the new eligibility option.

Eligibility. The BCCPTA adds a new optional categorically needy eligibility group (Section 1902(a)(10)(A)(ii)(XVIII), which is comprised of individuals described in §1902(aa)). In order to qualify under this new optional category, the Act requires that a woman will need to meet the following eligibility requirements:

1. The woman must have been screened for breast or cervical cancer¹ under the CDC Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service (PHS) Act, and found to need treatment for either breast or cervical cancer; and
2. She must be uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid), as the term is used under the Health Insurance Portability and Accountability Act (HIPAA) (§2701(c) of the PHS Act (42 U.S.C. 300gg(c)), and she must not be eligible under any of the mandatory Medicaid eligibility groups. There is no requirement that there be a waiting period of prior uninsurance before a woman who has been screened under the CDC program can become eligible for Medicaid under this new option; and
3. She must be under age 65.

Breast and cervical cancer treatment programs have varied from state to state. Some states have run programs separate from Title XV and may wish to combine those programs with Title XV. It is anticipated that variations among states will continue and programs will continue to evolve.

We have been advised by CDC that a woman has been "screened under the program" if she comes under any of the following three categories:

1. CDC Title XV funds paid for all or part of the costs of her screening services.
2. The woman is screened under a state Breast and Cervical Cancer Early Detection Program in which her particular clinical service has not been paid for by CDC Title XV funds, but the service was rendered by a provider and/or an entity funded at least in part by CDC Title XV funds; the service was within the scope of a grant, sub-grant or contract under that State program; and the State CDC Title XV grantee has elected to include such screening activities by that provider as screening activities pursuant to CDC Title XV.
3. The woman is screened by any other provider and/or entity and the state CDC Title XV grantee has elected to include screening activities by that provider as screening activities pursuant to CDC Title XV. For example, if a family planning or community health center provides breast or cervical cancer screening or diagnostic services, the state would have the option of including the provider's screening activities as part of overall CDC Title XV activities.

As long as the screening was performed by a provider under the state's Breast and Cervical Cancer Early Detection Program as defined above, the woman meets the Medicaid eligibility requirement. The programs operating in states under the CDC program will be able to provide Medicaid agencies with verification that the woman was screened under the CDC program.

In the context of BCCPTA, a woman is considered to "need treatment" if, in the opinion of the individual's treating health professional (i.e., the individual who conducts the screen or any other health professional with whom the individual consults), the screen (and diagnostic evaluation following the clinical screening) indicates that the woman is in need of treatment services. These services include diagnostic services that may be necessary to determine the extent and proper course of treatment, as well as treatment itself.

In addition to meeting these criteria, the woman will also need to meet any other general coverage requirements applicable to Medicaid beneficiaries (e.g., state residency and citizenship or immigration status). There are no Medicaid income or resource limitations imposed by federal law for this new Medicaid eligibility group², and no authority for states to impose such limitations.

Eligibility Period. As with other mandatory and optional eligibility categories, under §1902(a)(34) of the Act, a woman's eligibility for coverage under this new option begins up to three months prior to the month in which she applied for Medicaid, if as of this earlier date, she would have met relevant program requirements as described in the eligibility section of this letter. Her eligibility for coverage ends when her course of treatment is completed, or the state has determined that she no longer meets the criteria for this eligibility category (for example, because she has attained age 65 or has

creditable coverage) and has determined in accordance with 42 C.F.R. §435.916 that she does not remain eligible for Medicaid under an alternate eligibility category.

A woman is not limited to one period of eligibility. A new period of eligibility and coverage would commence each time a woman who has been screened under the CDC program has been found to need treatment of breast or cervical cancer, and meets other eligibility criteria.

Coverage. A woman whose eligibility is based on this new option is entitled to full Medicaid coverage; coverage is not limited to coverage for treatment of breast and cervical cancer.

As is the case with Medicaid coverage in general, states may use administrative methods, such as prior review and approval requirements, to ensure that services furnished to women under this new option are medically necessary. Services furnished under this new option should be, to the maximum extent possible, consistent with optimal standards of practice. Such practice guidelines are located at the National Guideline Clearinghouse, Agency for Health Care Research and Quality: <http://www.ahrq.gov>. With respect to experimental treatments, States may cover experimental treatments although they are not required to do so. Furthermore, routine covered costs associated with the experimental intervention may be covered.

Presumptive Eligibility. Presumptive eligibility is a Medicaid option that allows states to enroll Medicaid applicants for a limited period of time before full Medicaid applications are filed and processed, based on a determination by a Medicaid provider of likely Medicaid eligibility. States have the option to use the presumptive eligibility procedure to facilitate the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer.

Under this option, states can certify entities that are eligible for payment under a state's Medicaid program that the state determines are capable of making presumptive eligibility determinations. A certified entity can enroll women who appear to be eligible in Medicaid on a temporary basis.

Presumptive eligibility begins on the date that a qualified entity determines that the woman appears to meet the eligibility criteria described above. Presumptive eligibility ends on the earlier of the following two dates: the date on which a formal determination is made on the woman's application for Medicaid; or, in the case of a woman who fails to apply for Medicaid following the presumptive eligibility determination, the last day of the month following the month in which presumptive eligibility begins. Federal financial participation is allowed for services provided during this presumptive eligibility period regardless of whether or not the woman applies for Medicaid or is later found eligible for Medicaid.

Citizenship and Alienage. The usual rules which govern citizenship and alienage apply to the new optional Medicaid eligibility group. In general, to be eligible for Medicaid an

individual must either be a citizen or a qualified alien. (See the web site at <http://aspe.hss.gov/hsp/immigration/restrictions-sum.htm> for a definition of "qualified alien" and a discussion of the restrictions on immigrants receiving federal public benefits, including Medicaid, and for a list of exceptions to these restrictions.) Most states have elected to provide Medicaid to qualified aliens. However, many qualified aliens who arrived in the United States after August 21, 1996 are barred from receiving Medicaid for 5 years beginning with their date of entry with a qualified alien status. The 5 year bar does not apply to certain refugees, asylees, and certain other groups. Otherwise eligible qualified aliens who are subject to the 5 year ban as well as otherwise eligible non-qualified aliens may receive Medicaid coverage for treatment of an emergency medical condition but not including organ transplants and transplant-related services.

Women who do not meet the immigration-related eligibility criteria may still be able to receive Medicaid coverage related to an "emergency condition", other than services related to an organ transplant. Section 1903(v) of the Act permits states to obtain Federal match for services related to an "emergency medical condition" when furnished to an otherwise eligible individual. The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy; (B) serious impairment of bodily functions, or (C) serious dysfunction of any bodily part.

Breast or cervical cancers may be identified at various stages. Some women in need of treatment for breast or cervical cancer will have an emergency condition. As with other examples of emergency medical conditions, medical judgement and the facts of a particular case will form the basis for identifying those conditions in screened women that amount to an emergency medical condition.

Requirement to Submit a State Plan Amendment. In order to be eligible for payment under this new Act, a state or territory must submit a state plan amendment electing this optional categorically needy eligibility group and/or to provide presumptive eligibility. We enclose state plan preprint language that should be used by states electing these new options.

Matching Rate. The Federal matching rate for the new eligibility group is equal to the enhanced Federal Medical Assistance Percentage (FMAP) used in the State Children's Health Insurance Program (SCHIP) (described in §2105(b) of the Social Security Act (the Act)). That rate is published periodically in the Federal Register, and is posted on web site <http://aspe.os.dhhs.gov/health/fmap.htm>.

Participation of Territories. Territories that operate Medicaid programs (Puerto Rico, Virgin Islands, American Samoa, Guam and the Northern Marianas Islands) may choose this new option. However, federal payments to those territories are capped by statute. To the extent that these territories already receive the maximum federal payment permitted, the new law would not result in any additional federal funding. If the cap on federal

payments has not been reached, federal funds at the enhanced matching rate could be available for the new eligibility group.

Treatment of American Indian and Alaska Native (AI/AN) Women. Under Section 2701(c) of the Public Health Service Act, a medical care program of the Indian Health Service (IHS) or an Indian tribal organization is considered creditable coverage, as the term is used under HIPAA. But not all AI/AN women are "covered under" this creditable coverage. The term "covered under" implies reasonable access to such a program. In consultation with IHS and the tribes, we intend to develop standards to determine whether individuals are "covered under" such a program.

Overview of Implementation

Successful implementation of the new benefit will require a coordinated effort between state Medicaid and public health agencies. State breast and cervical cancer programs have been in place for several years so they may be able to provide to state Medicaid agencies important data on the numbers of women screened and diagnosed within a state.

At the federal level, HCFA will be working closely with CDC to help facilitate implementation of the new coverage group. To assist states as they move forward, we are developing the state plan materials, instructions and more detailed questions and answers regarding the new benefit.

We believe that states will be able to design application procedures that are simple and that are closely tied to the case management services offered by most state breast and cervical cancer programs. A simple process will help ensure that women with cancer receive the treatment they need.

We encourage you to submit state plan amendments to your HCFA regional office as quickly as possible. HCFA staff will gladly offer technical assistance to any state that requests it. If you have questions about issues not addressed in this letter, please contact Marlene Jones at HCFA (410) 786-3290 for Medicaid-related issues and Steve Reynolds at CDC (770) 488-3075 for issues concerning NBCCEDP.

Sincerely,

/s/

Timothy M. Westmoreland
Director

Footnotes:

(1) A woman is considered to have been screened under the CDC program and eligible for the new Medicaid optional group if she has received a screening mammogram,

clinical breast exam, or Pap test; or she has received diagnostic services following an abnormal clinical breast exam, mammogram, or Pap test; and she has received a diagnosis of breast or cervical cancer or of a pre-cancerous condition of the breast or cervix as the result of the screening or diagnostic service.

(2) Public Law 106 - 554, included the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 which, at section 710, provides a technical correction that the limitation under section 1903 (f) of the Social Security Act which limits federal matching funds to individuals with incomes below 133 1/3% of the payment ordinarily made under the former Aid to Families with Dependent Children (AFDC) program to a family of the same size does not apply to this eligibility group. The effective date of the technical correction is October 1, 2000. States may cover all women who are screened through the CDC program and determined eligible for the new Medicaid option regardless of income.

Enclosure

cc:

HCFA Regional Administrators

HCFA Associate Regional Administrators for Medicaid and State Operations

Centers for Disease Control and Prevention Grantees

Nancy Lee - Centers for Disease Control and Prevention

Steve Reynolds - Centers for Disease Control and Prevention

Kathy Cahill - Centers for Disease Control and Prevention

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

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

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

DRAFT

ATTACHMENT 2-2-A
PAGE 23b

STATE: _____

Citation Group Covered

B. Optional Coverage Other Than the Medically Needy (Continued)

1902 (a) (10) (A)

(ii) (XVIII) of the Act ____ [24]. Women who:

a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;

b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;

c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and

d. have not attained age 65.

1920B of the Act ____ [25]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. _____ Approval Date: _____ Effective Date: _____

Supersedes

TN No. _____

**TESTIMONY BEFORE THE SENATE HUMAN SERVICES COMMITTEE
REGARDING HOUSE BILL 1472
MARCH 5, 2001**

Chairman Lee, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information regarding this bill.

Congress passed legislation in late October 2000 that permitted state Medicaid Programs to cover women who were screened for breast and cervical cancer under the Centers for Disease Control and Prevention early detection program. The Department of Health currently operates this program in North Dakota.

Prior to the passage of this law, low-income women were screened for breast and cervical cancer; but if cancer was discovered, no third party payment mechanism is available to pay for treatment if the women were uninsured.

Congress provided an option through the Title XIX Medicaid Program to cover these women. Coverage would be provided to women who are diagnosed with breast or cervical cancer and do not otherwise have creditable health care coverage and are less than 65 years of age. The period of eligibility is limited to the period the individual requires treatment and could begin up to three months prior to the application for Medicaid. Eligible individuals would be able to access all eligible Medicaid services during this eligibility period. The federal match is at the same enhanced rate as the Healthy Steps Program or about 79% compared to about 70% for the regular Medicaid Program.

Based on data obtained from the Health Department, we estimated that about 23 women per year would be diagnosed with breast and cervical cancer and not have access to health care coverage. The experience of other states indicate that the treatment costs are about \$10,000. In addition, the women could receive

other Medicaid eligible services during the coverage period. The fiscal note indicates a cost of about \$538,200 for the next biennium, of which about \$113,506 would be general funds.

The Department of Human Services did not consider including this new program in our current budget because the federal law was passed after we had submitted our budget to the Office of Management and Budget. The funds necessary to implement the program were not included in the Executive budget.

I would be happy to answer any questions you may have.

Testimony
House Bill 1472
By Representative Sally Sandvig
Before Senate Human Services Committee

Chairwoman Lee and members of the Human Services Committee:

For the record my name is Representative Sally Sandvig from District 21 in Fargo and I'm here to introduce House Bill 1472 to you.

House Bill 1472 would direct the Department of Human Services to provide medical assistance for women screened and found to have breast or cervical cancer through the "WomansWay" program.

I was made aware of the need for this coverage through the director of the "Womans Way" program at Cass County Public Health.

Federal funds have been made available for this coverage, but states must opt in and make a small match similar to the Chips program.

The "Womans Way" program pays for women to have mammograms, pap smears, breast exams, and pelvic exams if they have no insurance or have high CO-payments or deductibles; and cannot afford to pay them. They must also fall into a certain income category. This group includes the working poor and middle class who do not qualify for Medicaid and cannot afford insurance on their own.

40% of women 40 years and older have not received a mammogram within the last two years, and nearly 35% of women have not had a pap test in the past three years. 40% of women with an abnormal pap test did not go back for follow up care. Clinical tests have demonstrated that mammography screening can reduce breast cancer deaths by as much as 39% in women aged 50-74; also if cervical cancer is detected early with

a pap test, the likelihood of survival is almost 100% with the appropriate treatment and follow up.

The incidence rate for female breast cancer in women in the U.S. Is 110.9% cases for every 100,000 women (1991-1995 age adjusted) and the mortality rate was 26.0 deaths per every 100,000 women (1991-1995 age adjusted and standardized.)

The incidence rate for cervical cancer is 8.0 cases per 100,000 women ; and the mortality rate is 2.8 deaths per 100,000 women using the same time frame and conditions as with breast cancer. This is one of the most treatable forms of cancer with a 90-100% five year survival rate for women where cancer is detected early. In fact, mortality rates have gone down in the past 40 years, mainly due to the pap test.

Breast cancer has also leveled off since 1990 due to mammography.

This concludes my testimony. I'll try to answer any questions that you may have. Please give this bill a do pass so that we can help this segment of the population to get the treatment they need to live.

**HB 1472
Testimony in Favor
before the
Senate Human Services Committee
by
Janelle Johnson
Community HealthCare Association
March 5, 2001**

Chairman Lee, members of the committee:

My name is Janelle Johnson and I am the "Covering Kids" Coordinator for the Community HealthCare Association. I am submitting this testimony in support of HB 1472 relating to medical assistance for breast and cervical cancer.

The Community HealthCare Association is a non-profit corporation in North Dakota and South Dakota, established "to provide a network for advocacy and support services to member organizations whose purpose is to provide primary health care to the medically underserved residents of North and South Dakota." The Association is primarily funded by grants from the federal agencies and private foundations.

Attached is the letter dated January 4, 2001 from the Health Care Financing Administration (HCFA) announcing the Breast and Cervical Cancer Prevention and Treatment Act of 2000. Under the new law, states are given the option, at an enhanced federal matching rate, to provide Medicaid coverage to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

The Community HealthCare Association and its members hope that you will seriously consider this opportunity to extend medical assistance to this group of uninsured North Dakota women in need of treatment.

HB 1472

Testimony providing program information about *Women's Way*

March 5, 2001

Senate Human Services Committee

Danielle Kenneweg

North Dakota Department of Health

Division of Health Promotion

Good morning Madame Chairman and members of the committee. My name is Danielle Kenneweg. I am a member of the staff in the Division of Health Promotion in the ND Department of Health. My major responsibility is to manage program operations of the North Dakota Breast and Cervical Cancer Early Detection Program; also known as *Women's Way*. At the request of Representative Sandvig, my purpose today is to share information with you about *Women's Way*.

In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act. The funds were given to the Centers for Disease Control and Prevention (CDC) to distribute to states, tribes and territories. Immediately, twelve states began program operations. North Dakota received initial funding in 1994 - 1996 to establish the system and infrastructure to make the program work. By late 1996, the funding to ND expanded to begin paying for screening services for eligible women. The first woman in the program was screened in September 1997 in Wells County.

Program eligibility is based upon three variables -- age, income and insurance status. Please refer to the *Women's Way* brochure attached to this testimony. You will notice a summary of the eligibility requirements.

- Age -- 50 to 64 yr. old women are the target population
18 to 49 yr. old women **may** be eligible for some services
- Income -- 200% of federal poverty level
- Insurance -- have no insurance, insurance with limited coverage or deductibles and co-pays that are unaffordable

Women's Way is a screening program; therefore, it pays for medical services that screen for and diagnose breast and cervical cancer. Below is a list of the procedures paid for by the program.

- office visit
- clinical breast exam
- pelvic exam
- Pap smear
- screening mammogram
- diagnostic mammogram
- fine needle aspiration

- breast ultrasound
- breast biopsy
- endocervical curettage
- colposcopy
- second opinion office visits
- repeat clinical breast exams
- surgical consultations
- pathology

Next, I'd like to refer you to a summary of the program's outcomes to the present time and briefly share these with you.

See attached Numbers Update.

According to the federal legislation, program funds may not be used to pay for treatment of diagnosed breast or cervical cancers. As stated earlier, 22 breast cancers and no cervical cancers have been diagnosed since September of 1997. However, 82 cervical dysplasias have been diagnosed and 61 of those have been required to have some type of treatment or have elected to have treatment. Even though *Women's Way* is not able to pay for treatment, none of these women have gone without treatment. When the state agrees to accept the federal funding for this program, we assure that we will find ways to pay for treatment or assist women to find community and/or health care provider resources for that treatment.

A large amount of the administrative dollars in this program are sent out to local health agencies through contracts. Ten of the largest local health departments in ND receive funds to administer the program in from 4 to 8 counties. A list of the 10 local coordinating units is attached. The list also includes the name of the coordinator for that area, the counties included in the area and contact information. The local coordinators act as case managers for women with screening abnormalities or diagnosed cancers.

It is our understanding that this proposed legislation would allow for Medicaid funds to pay for treatment needed by women in *Women's Way*. Details would need to be discussed between Medicaid and the *Women's Way* program.

Definition of Medical Terms

Breast biopsy: The only certain way to learn whether a breast lump or mammographic abnormality is cancerous is by having a biopsy, a procedure in which tissue is removed by a surgeon or other specialist and examined under a microscope by a pathologist.

Breast ultrasound: Ultrasound works by sending high-frequency sound waves into the breast. The pattern of echoes from these sound waves is converted into an image (sonogram) of the breast's interior. Ultrasound, which is painless and harmless, can distinguish between tumors that are solid and cysts, which are filled with fluid. Sonograms of the breast can also help radiologists to evaluate some lumps that can be felt but are hard to see on a mammogram, especially in the dense breasts of young women. Unlike mammography, ultrasound cannot detect the microcalcifications that sometimes indicate cancer, nor does it pick up small tumors.

Fine needle aspiration: The use of a slender needle to remove fluid from a cyst or clusters of cells from a solid lump.

Atypia: A state of not being typical. Cells will have irregular colors, shapes and sizes.

Cervical dysplasia: Dysplasia is abnormal tissue development.

Once the HPV/DNA has entered its host cell, it takes over the normal transformation process, and radically changes the cell it infects. **Dysplasia** is the term used to describe this abnormal transformation. In appearance, the dysplastic cells bear a close resemblance to cancer cells in that they have odd looking contours and larger and darker nuclei. Left unchecked, these useless cells continue to multiply. Over a period of several years, they entirely replace the normal cells in that area. This condition rarely causes any symptoms, but it can usually be detected by a Pap smear.

As long as the proliferation of irregular cells remains on the surface, it is considered to be pre-cancerous. Because it is superficial, it is called: INTRA--within; EPITHELIAL--skin; NEOPLASIA--abnormal growth of tissue. Hence the term: **Cervical Intraepithelial Neoplasia: CIN**

CIN I: Mild dysplasia - a Pap smear will have some abnormal cells.

CIN II: Moderate dysplasia - There are now bizarre and irregular cells.

CIN III: Severe dysplasia - There are now more bizarre and irregular cells which by appearance are most often found in advanced states of dysplasia (CIN).

Dysplasia can develop into

Invasive Squamous cell cancer: The cells represent the classic appearance of a cancer, usually indicating extensive, invasive, disease.

Colposcopy: The procedure in which a binocular microscope (colposcope) is used to see a magnified view of the cervix with a bright light. Various tissue patterns can be distinguished on the surface of the cervix. A search is made for the source of the abnormal cells detected in the Pap smear.

Condylomata: Condylomata acuminata, also known as anogenital or venereal warts, are caused by a family of highly infectious, primarily sexually transmitted variants of the human papillomavirus (HPV).

Endocervical curettage: A specimen is obtained by scraping the lower section of the cervical canal to assure there are not hidden lesions. No anesthetic is required and it usually painless and without complications.

HPV: Human Papilloma-virus is a sexually transmitted virus that has been proven to be the causative agent for developing cancer of the cervix. In the last 20 years, there has been a sevenfold increase in the HPV epidemic. HPV already afflicts 12 to 24 million Americans. It is a "silent" infection, usually with no symptoms except for the appearance of a genital wart. As a result, only about 20% of HPV infections are detected. It is estimated that almost half the American population is currently at risk for acquiring HPV. After sexual relations with an infected partner, the probability of contracting this virus is between 60 to 70 percent. The infection is considered to be lifelong.



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

JAN 4 2001

Dear State Health Official:

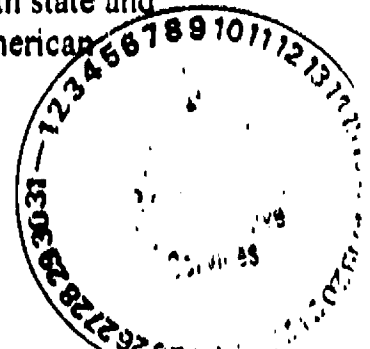
The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (BCCPTA - the Act) (Public Law 106-354) amends Title XIX of the Social Security Act to give States enhanced matching funds to provide Medicaid eligibility to a new group of individuals previously not eligible under the program. The new option allows states to provide full Medicaid benefits to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of 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. The Act has an effective date of October 1, 2000.

The Health Care Financing Administration (HCFA) and CDC are committed to facilitating states' efforts to improve access to needed breast and cervical cancer treatment for uninsured women identified under the NBCCEDP as needing such treatment. This letter is a first step in support of that commitment. It provides a brief overview of CDC's NBCCEDP program and outlines the basic provisions of the new Medicaid coverage option.

Overview of CDC's National Breast and Cervical Cancer Early Detection Program (CDC Program)

During 2001, almost 50,000 women are expected to die from breast or cervical cancer in the United States despite the fact that earlier detection and treatment of these diseases could substantially decrease this mortality. Many of these deaths, which will occur disproportionately among women of racial and ethnic minority and low-income groups, could be avoided by making cancer screening services available to all women at risk. Recognizing the value of screening and early detection, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990. This Act established the NBCCEDP, which authorizes CDC to promote breast and cervical cancer screening and to pay for screening services for eligible women.

The NBCCEDP operates in all 50 states, the District of Columbia, 6 U.S. Territories, and 12 American Indian/Alaska Native organizations. Through cooperative agreements with state and territorial Health Departments, the District of Columbia Health Department, and American



Indian/Alaskan Native Health Agencies. CDC's NBCCEDP builds the infrastructure for breast and cervical cancer early detection by supporting public and provider education, quality assurance, surveillance, and evaluation activities critical to achieving maximum utilization of the Program's screening, diagnostic and case management services.

Screening services provided by the NBCCEDP include clinical breast examinations, mammograms, pelvic examinations, and Papanicolaou (Pap) tests. Screening services also include diagnostic services, such as surgical consultation and biopsy to ensure that all women with abnormal screening results receive timely and adequate diagnostic evaluation and treatment referrals. The law does not, however, allow CDC to pay for treatment services for women who are diagnosed with breast or cervical cancer.

As a condition of participation in the CDC program, 42 U.S.C. 300n(a) requires states to agree that low-income women will be given priority in the provision of services. Over the past 10 years, the NBCCEDP has provided more than 2 million screening exams to underserved women, including older women, women with low incomes, and women of racial and ethnic minority groups. The program has diagnosed more than 8,600 breast cancers, over 39,000 pre-cancerous cervical lesions, and 660 cervical cancers. The overall goal of the NBCCEDP is to reduce mortality from breast and cervical cancers, and the success of this effort hinges on the identification and treatment of pre-cancerous conditions and early stage cancers.

Medicaid Program Requirements

It is difficult for many uninsured women who are screened and diagnosed through the CDC program to obtain timely access to treatment services. The BCCPTA allows States to provide coverage to these women under Medicaid. The following outlines the basic rules regarding the new eligibility option.

Eligibility. The BCCPTA adds a new optional categorically needy eligibility group (Section 1902(a)(10)(A)(ii)(XVIII)), which is comprised of individuals described in §1902(aa)) and was also added by the BCCPTA. In order to qualify under this new optional category, the Act requires that a woman will need to meet the following eligibility requirements:

1. The woman must have been screened for breast or cervical cancer under the CDC Breast

1 A woman is considered to have been screened under the CDC program and eligible for the new Medicaid optional group if she has received a screening mammogram, clinical breast exam, or Pap test; or she has received diagnostic services following an abnormal clinical breast exam, mammogram, or Pap test; and she has received a diagnosis of breast or cervical cancer or of a pre-cancerous condition of the breast or cervix as the result of the screening or diagnostic service.

and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service (PHS) Act, and found to need treatment for either breast or cervical cancer; and

2. She must be uninsured, that is, she must not otherwise have creditable coverage (including current enrollment in Medicaid), as the term is used under the Health Insurance Portability and Accountability Act (HIPAA) (§2701(c) of the PHS Act (42 U.S.C. 300gg(c)), and she must not be eligible under any of the mandatory Medicaid eligibility groups. There is no requirement that there be a waiting period of prior uninsurance before a woman who has been screened under the CDC program can become eligible for Medicaid under this new option; and
3. She must be under age 65.

Breast and cervical cancer treatment programs have varied from state to state. Some states have run programs separate from Title XV and may wish to combine those programs with Title XV. It is anticipated that variations among states will continue and programs will continue to evolve.

We have been advised by CDC that a woman has been "screened under the program" if she comes under any of the following three categories:

1. CDC Title XV funds paid for all or part of the costs of her screening services.
2. The woman is screened under a state Breast and Cervical Cancer Early Detection Program in which her particular clinical service has not been paid for by CDC Title XV funds, but the service was rendered by a provider and/or an entity funded at least in part by CDC Title XV funds; the service was within the scope of a grant, sub-grant or contract under that State program; and the State CDC Title XV grantee has elected to include such screening activities by that provider as screening activities pursuant to CDC Title XV.
3. The woman is screened by any other provider and/or entity and the state CDC Title XV grantee has elected to include screening activities by that provider as screening activities pursuant to CDC Title XV. For example, if a family planning or community health center provides breast or cervical cancer screening or diagnostic services, the state would have the option of including the provider's screening activities as part of overall CDC Title XV activities.

As long as the screening was performed by a provider under the state's Breast and Cervical Cancer Early Detection Program as defined above, the woman meets the Medicaid eligibility requirement. The programs operating in states under the CDC program will be able to provide Medicaid agencies with verification that the woman was screened under the CDC program.

In the context of BCCPTA, a woman is considered to "need treatment" if, in the opinion of the individual's treating health professional (i.e., the individual who conducts the screen or any other health professional with whom the individual consults), the screen (and diagnostic evaluation following the clinical screening) indicates that the woman is in need of treatment services. These services include diagnostic services that may be necessary to determine the extent and proper course of treatment, as well as treatment itself.

In addition to meeting these criteria, the woman will also need to meet any other general coverage requirements applicable to Medicaid beneficiaries (e.g., state residency and citizenship or immigration status). There are no Medicaid income or resource limitations imposed by federal law for this new Medicaid eligibility group², and no authority for states to impose such limitations.

Eligibility Period. As with other mandatory and optional eligibility categories, under §1902(a)(34) of the Act, a woman's eligibility for coverage under this new option begins up to three months prior to the month in which she applied for Medicaid, if as of this earlier date, she would have met relevant program requirements as described in the eligibility section of this letter. Her eligibility for coverage ends when her course of treatment is completed, or the state has determined that she no longer meets the criteria for this eligibility category (for example, because she has attained age 65 or has creditable coverage) and has determined in accordance with 42 C.F.R. §435.916 that she does not remain eligible for Medicaid under an alternate eligibility category.

A woman is not limited to one period of eligibility. A new period of eligibility and coverage would commence each time a woman who has been screened under the CDC program has been found to need treatment of breast or cervical cancer, and meets other eligibility criteria.

Coverage. A woman whose eligibility is based on this new option is entitled to full Medicaid coverage; coverage is not limited to coverage for treatment of breast and cervical cancer.

As is the case with Medicaid coverage in general, states may use administrative methods, such as prior review and approval requirements, to ensure that services furnished to women under this new option are medically necessary. Services furnished under this new option should be, to the maximum extent possible, consistent with optimal standards of practice. Such practice guidelines are located at the National Guideline Clearinghouse, Agency for Health Care Research and

² Public Law 106 - 554, including the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 which, at section 710, provides a technical correction that the limitation under section 1903 (f) of the Social Security Act which limits federal matching funds to individuals with incomes below 133 1/3% of the payment ordinarily made under the former Aid to Families with Dependent Children (AFDC) program to a family of the same size does not apply to this eligibility group. The effective date of the technical correction is October 1, 2000. States may cover all women who are screened through the CDC program and determined eligible for the new Medicaid option regardless of income.

Quality: <http://www.ahrq.gov>. With respect to experimental treatments, States may cover experimental treatments although they are not required to do so. Furthermore, routine covered costs associated with the experimental intervention may be covered.

Presumptive Eligibility. Presumptive eligibility is a Medicaid option that allows states to enroll Medicaid applicants for a limited period of time before full Medicaid applications are filed and processed, based on a determination by a Medicaid provider of likely Medicaid eligibility. States have the option to use the presumptive eligibility procedure to facilitate the prompt enrollment and immediate access to services for women who are in need of treatment for breast or cervical cancer.

Under this option, states can certify entities that are eligible for payment under a state's Medicaid program that the state determines are capable of making presumptive eligibility determinations. A certified entity can enroll women who appear to be eligible in Medicaid on a temporary basis.

Presumptive eligibility begins on the date that a qualified entity determines that the woman appears to meet the eligibility criteria described above. Presumptive eligibility ends on the earlier of the following two dates: the date on which a formal determination is made on the woman's application for Medicaid; or, in the case of a woman who fails to apply for Medicaid following the presumptive eligibility determination, the last day of the month following the month in which presumptive eligibility begins. Federal financial participation is allowed for services provided during this presumptive eligibility period regardless of whether or not the woman applies for Medicaid or is later found eligible for Medicaid.

Citizenship and Alienage. The usual rules which govern citizenship and alienage apply to the new optional Medicaid eligibility group. In general, to be eligible for Medicaid an individual must either be a citizen or a qualified alien. (See the web site at <http://aspe.hss.gov/hsp/immigration/restrictions-sum.htm> for a definition of "qualified alien" and a discussion of the restrictions on immigrants receiving federal public benefits, including Medicaid, and for a list of exceptions to these restrictions.) Most states have elected to provide Medicaid to qualified aliens. However, many qualified aliens who arrived in the United States after August 21, 1996 are barred from receiving Medicaid for 5 years beginning with their date of entry with a qualified alien status. The 5 year bar does not apply to certain refugees, asylees, and certain other groups. Otherwise eligible qualified aliens who are subject to the 5 year ban as well as otherwise eligible non-qualified aliens may receive Medicaid coverage for treatment of an emergency medical condition but not including organ transplants and transplant-related services.

Women who do not meet the immigration-related eligibility criteria may still be able to receive Medicaid coverage related to an "emergency condition", other than services related to an organ transplant. Section 1903(v) of the Act permits states to obtain Federal match for services related to an "emergency medical condition" when furnished to an otherwise eligible individual. The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate

medical attention could reasonably be expected to result in: (A) placing the patient's health in serious jeopardy; (B) serious impairment of bodily functions, or (C) serious dysfunction of any bodily part.

Breast or cervical cancers may be identified at various stages. Some women in need of treatment for breast or cervical cancer will have an emergency condition. As with other examples of emergency medical conditions, medical judgement and the facts of a particular case will form the basis for identifying those conditions in screened women that amount to an emergency medical condition.

Requirement to Submit a State Plan Amendment. In order to be eligible for payment under this new Act, a state or territory must submit a state plan amendment electing this optional categorically needy eligibility group and or to provide presumptive eligibility. We enclose state plan preprint language that should be used by states electing these new options.

Matching Rate. The Federal matching rate for the new eligibility group is equal to the enhanced Federal Medical Assistance Percentage (FMAP) used in the State Children's Health Insurance Program (SCHIP) (described in §2105(b) of the Social Security Act (the Act)). That rate is published periodically in the Federal Register, and is posted on web site <http://aspe.os.dhhs.gov/health/fmap.htm>.

Participation of Territories. Territories that operate Medicaid programs (Puerto Rico, Virgin Islands, American Samoa, Guam and the Northern Marianas Islands) may choose this new option. However, federal payments to those territories are capped by statute. To the extent that these territories already receive the maximum federal payment permitted, the new law would not result in any additional federal funding. If the cap on federal payments has not been reached, federal funds at the enhanced matching rate could be available for the new eligibility group.

Treatment of American Indian and Alaska Native (AI/AN) Women. Under Section 2701(c) of the Public Health Service Act, a medical care program of the Indian Health Service (IHS) or an Indian tribal organization is considered creditable coverage, as the term is used under HIPAA. But not all AI/AN women are "covered under" this creditable coverage. The term "covered under" implies reasonable access to such a program. In consultation with IHS and the tribes, we intend to develop standards to determine whether individuals are "covered under" such a program.

Overview of Implementation

Successful implementation of the new benefit will require a coordinated effort between state Medicaid and public health agencies. State breast and cervical cancer programs have been in place for several years so they may be able to provide to state Medicaid agencies important data on the numbers of women screened and diagnosed within a state.

At the federal level, HCFA will be working closely with CDC to help facilitate implementation

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We believe that states will be able to design application procedures that are simple and that are closely tied to the case management services offered by most state breast and cervical cancer programs. A simple process will help ensure that women with cancer receive the treatment they need.

We encourage you to submit state plan amendments to your HCFA regional office as quickly as possible. HCFA staff will gladly offer technical assistance to any state that requests it. If you have questions about issues not addressed in this letter, please contact Marlene Jones at HCFA (410) 786-3290 for Medicaid-related issues and Steve Reynolds at CDC (770) 488-3075 for issues concerning NBCCEDP.

Sincerely,



Timothy M. Westmoreland
Director

Enclosure

cc:

HCFA Regional Administrators

HCFA Associate Regional Administrators
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American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors' Association

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

STATE: _____

Citation	Group Covered
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B. Optional Coverage Other Than the
Medically Needy (Continued)

1902 (a) (10) (A)
(ii) (XVIII) of the Act

_____ [24]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

_____ [25]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not

apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. _____ Approval Date: _____ Effective Date: _____

Supersedes

TN No. _____

NORTH DAKOTA NURSES ASSOCIATION

TESTIMONY ON HB 1472

Chairperson Lee and members of the Senate Human Services Committee, my name is Penni Weston and I am here today representing the North Dakota Nurses Association. NDNA is a nursing organization representing professional nurses in North Dakota.

I am here today to ask for your support on HB 1472 which would provide an appropriation for treating women with breast and cervical cancer. Research has proven that if these diseases are diagnosed and treated early, there is an excellent chance of survival. Women of all socioeconomic walks of life deserve to have high quality care and treatment.

I am sure there are many more people here today that can and will share the facts and statistics with you as to why this is an important bill. On behalf of the ND Nurses Association and the many women we provide care for, I hope this committee will look favorably on this legislation and vote do pass for women's health.

HB 1472
Testimony in Favor
before the
Senate Human Services Committee
by
Janelle Johnson
Community HealthCare Association
March 5, 2001

Chairman Lee, members of the committee:

My name is Janelle Johnson and I am the "Covering Kids" Coordinator for the Community HealthCare Association. I am submitting this testimony in support of HB 1472 relating to medical assistance for breast and cervical cancer.

The Community HealthCare Association is a non-profit corporation in North Dakota and South Dakota, established "to provide a network for advocacy and support services to member organizations whose purpose is to provide primary health care to the medically underserved residents of North and South Dakota." The Association is primarily funded by grants from the federal agencies and private foundations.

Attached is the letter dated January 4, 2001 from the Health Care Financing Administration (HCFA) announcing the Breast and Cervical Cancer Prevention and Treatment Act of 2000. Under the new law, states are given the option, at an enhanced federal matching rate, to provide Medicaid coverage to uninsured women under age 65 who are identified through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and are in need of treatment for breast or cervical cancer, including pre-cancerous conditions and early stage cancer.

The Community HealthCare Association and its members hope that you will seriously consider this opportunity to extend medical assistance to this group of uninsured North Dakota women in need of treatment.

HB 1472

TESTIMONY BEFORE THE SENATE APPROPRIATIONS COMMITTEE
REGARDING HOUSE BILL 1472
MARCH 26, 2001

Chairman Nething, members of the committee, I am David Zentner, Director of Medical Services for the Department of Human Services. I appear before you today to provide information regarding this bill.

Congress passed legislation in late October 2000 that permitted state Medicaid Programs to cover women who were screened for breast and cervical cancer under the Centers for Disease Control and Prevention early detection program. The Department of Health currently operates this program in North Dakota.

Prior to the passage of this law, low-income women were screened for breast and cervical cancer; but if cancer was discovered, no third party payment mechanism is available to pay for treatment if the women were uninsured.

Congress provided an option through the Title XIX Medicaid Program to cover these women. Coverage would be provided to women who are diagnosed with breast or cervical cancer and do not otherwise have creditable health care coverage and are less than 65 years of age. The period of eligibility is limited to the period the individual requires treatment and could begin up to three months prior to the application for Medicaid. Eligible individuals would be able to access all eligible Medicaid services during this eligibility period. The federal match is at the same enhanced rate as the Healthy Steps Program or about 79% compared to about 70% for the regular Medicaid Program.

Based on data obtained from the Health Department, we estimated that about 23 women per year would be diagnosed with breast and cervical cancer and not have access to health care coverage. The experience of other states indicate that the treatment costs are about \$10,000. In addition, the women could receive

other Medicaid eligible services during the coverage period. The fiscal note indicates a cost of about ~~\$538,200~~ for the next biennium, of which about \$113,500 would be general funds. *544,120* *119,755*

The Department of Human Services did not consider including this new program in our current budget because the federal law was passed after we had submitted our budget to the Office of Management and Budget. The funds necessary to implement the program were not included in the Executive budget.

I would be happy to answer any questions you may have.

HB 1472

HB 1472

Testimony providing program information about *Women's Way*

March 26, 2001

Senate Appropriations Committee

Danielle Kenneweg

North Dakota Department of Health

Division of Health Promotion

Good morning Mr. Chairman and members of the committee. My name is Danielle Kenneweg. I am a staff member in the Division of Health Promotion in the ND Department of Health. My major responsibility is to manage program operations of the North Dakota Breast and Cervical Cancer Early Detection Program; also known as *Women's Way*. At the request of Representative Sandvig, my purpose today is to share information with you about *Women's Way*.

In 1990, Congress passed the Breast and Cervical Cancer Mortality Prevention Act. The funds were given to the Centers for Disease Control and Prevention (CDC) to distribute to states, tribes and territories. Immediately, twelve states began program operations. North Dakota received initial funding in 1994 - 1996 to establish the system and infrastructure to make the program work. By late 1996, the funding to ND expanded to begin paying for screening services for eligible women. The first woman in the program was screened in September 1997 in Wells County.

Program eligibility is based upon three variables -- age, income and insurance status. Please refer to the *Women's Way* brochure attached to this testimony. You will notice a summary of the eligibility requirements.

- Age -- 50 to 64 yr. old women are the target population
18 to 49 yr. old women **may** be eligible for some services
- Income -- 200% of federal poverty level
- Insurance -- have no insurance, insurance with limited coverage or deductibles and co-pays that are unaffordable

Women's Way is a screening program; therefore, it pays for medical services that screen for and diagnose breast and cervical cancer. Below is a list of the procedures paid for by the program.

- office visit
- clinical breast exam
- pelvic exam
- Pap smear
- screening mammogram
- diagnostic mammogram
- fine needle aspiration

- breast ultrasound
- breast biopsy
- endocervical curettage
- colposcopy
- second opinion office visits
- repeat clinical breast exams
- surgical consultations
- pathology

Below is a summary of program outcomes from September 1997 through January 2001.

Screening services provided to 3,277 women

Demographic overview:

- 85% of women screened were between ages of 40 and 64
- 267 (8.2%) of women screened are American Indian
- Average household income of screened women is \$1,090 per month
- 65% of women screened have no health insurance coverage
- 20% of women screened have technical school or college degree

Cervical conditions diagnosed in approximately 1.9% of women screened

- No invasive cervical cancers
- 85 cases of cervical dysplasia
- 36 cases of HPV/Atypia

Twenty-three breast cancers diagnosed or 0.7% of women screened

According to the federal legislation, program funds may not be used to pay for treatment of diagnosed breast or cervical cancers. Even though *Women's Way* is not able to pay for treatment, none of the women have gone without treatment. When the state agrees to accept the federal funding for this program, we assure that we will find ways to pay for treatment or assist women to find community and/or health care provider resources for that treatment.

A large amount of the administrative dollars in this program are sent out to local health agencies through contracts. Ten of the largest local health departments in ND receive funds to administer the program in from 4 to 8 counties. A list of the 10 local coordinating units is attached. The list also includes the name of the coordinator for that area, the counties included in the area and contact information. The local coordinators act as case managers for women with screening abnormalities or diagnosed cancers.

A list of pertinent medical terms and definitions is also attached.

It is our understanding that this proposed legislation would allow for Medicaid funds to pay for treatment needed by women in *Women's Way*. Details would need to be discussed between Medicaid and the *Women's Way* program.