

## The Breast and Cervical Cancer Prevention and Treatment Act of 2000

On October 24, 2000, the Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) was signed into law. This Act, which has an effective date of October 1, 2000, gives states the option to provide medical assistance through Medicaid to eligible women who were screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and found to have breast or cervical cancer, including pre-cancerous conditions.

NBCCEDP, which is administered by CDC, provides free breast and cervical cancer screening and follow-up diagnostic services to women in need, such as those who are uninsured or have low incomes. In 2000, CDC began its 10th year of this landmark program, supporting early detection programs in all 50 states, 6 U.S. territories, the District of Columbia, and 12 American Indian and Alaska Native organizations.

## Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001

On January 15, 2002, Congress passed a technical amendment to the BCCPT Act. This amendment, the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2001, extends benefits of the BCCPT Act to additional American Indian and Alaska Native women. On February 28, 2002, CMS sent a letter to State Health Officials advising them of this new provision.

## Medicaid Eligibility Requirements

In order for a woman to be eligible for Medicaid under this option, she must:

- have been screened for and found to have breast or cervical cancer, including precancerous conditions, through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- be under age 65; and
- be uninsured and otherwise not eligible for Medicaid

## Presumptive Eligibility Option

States may also choose the presumptive eligibility option to facilitate and expedite the eligibility process.

Presumptive eligibility is a Medicaid option that allows states to enroll women in Medicaid 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.

## CMS Guidance

The Center for Medicaid and State Operations (CMSO) within CMS has responsibility for the administration of the Medicaid program. On January 4, 2001, CMSO released a letter to State Health Officials which describes the Act, the eligibility requirements, and what states are required to do if they choose to provide benefits to this new eligibility group. A State Plan Amendment (SPA) form is attached to the letter for use by states. This form is prepared by the state and submitted to CMS regional office staff for approval.