

111TH CONGRESS
1ST SESSION

H. R. 2952

To amend title XIX of the Social Security Act to provide medical assistance for certain men screened and found to have prostate cancer under a federally funded screening program.

IN THE HOUSE OF REPRESENTATIVES

JUNE 18, 2009

Ms. NORTON introduced the following bill; which was referred to the
Committee on Energy and Commerce

A BILL

To amend title XIX of the Social Security Act to provide medical assistance for certain men screened and found to have prostate cancer under a federally funded screening program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Medicaid Prostate
5 Cancer Coverage Act of 2009”.

1 **SEC. 2. OPTIONAL MEDICAID COVERAGE OF CERTAIN**
2 **PROSTATE CANCER PATIENTS.**

3 (a) COVERAGE AS OPTIONAL CATEGORICALLY
4 NEEDY GROUP.—

5 (1) IN GENERAL.—Section 1902(a)(10)(A)(ii)
6 of the Social Security Act (42 U.S.C.
7 1396a(a)(10)(A)(ii)) is amended—

8 (A) in subclause (XVIII), by striking “or”
9 at the end;

10 (B) in subclause (XIX), by adding “or” at
11 the end; and

12 (C) by adding at the end the following:

13 “(XX) who are described in sub-
14 section (gg) (relating to certain pros-
15 tate cancer patients);”.

16 (2) GROUP DESCRIBED.—Section 1902 of such
17 Act (42 U.S.C. 1396a) is amended by adding at the
18 end the following:

19 “(gg) Individuals described in this paragraph are in-
20 dividuals who—

21 “(1) are not described in subsection
22 (a)(10)(A)(i);

23 “(2) have not attained age 65;

24 “(3) have been screened for prostate cancer
25 under section 317D of the Public Health Service Act
26 (42 U.S.C. 247b–5), or any other prostate cancer

1 screening program supported with Federal funds,
2 and need treatment for prostate cancer;

3 “(4) are in families whose income does not ex-
4 ceed 250 percent of the income official poverty line
5 (as defined by the Office of Management and Budg-
6 et, and revised annually in accordance with section
7 673(2) of the Omnibus Budget Reconciliation Act of
8 1981) applicable to a family of the size involved; and

9 “(5) are not otherwise covered under creditable
10 coverage, as defined in section 2701(c) of the Public
11 Health Service Act (45 U.S.C. 300gg(c)).”.

12 (3) LIMITATION ON BENEFITS.—Section
13 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10))
14 is amended in the matter following subparagraph
15 (G)—

16 (A) by striking “and (XIV)” and inserting
17 “(XIV)”; and

18 (B) by inserting “, and (XV) the medical
19 assistance made available to an individual de-
20 scribed in subsection (aa) who is eligible for
21 medical assistance only because of subpara-
22 graph (A)(10)(ii)(XX) shall be limited to med-
23 ical assistance provided during the period in
24 which such an individual requires treatment for
25 prostate cancer” before the semicolon.

1 spect to an individual described in subsection (a),
2 the period that—

3 “(A) begins with the date on which a
4 qualified entity determines, on the basis of pre-
5 liminary information, that the individual is de-
6 scribed in section 1902(gg); and

7 “(B) ends with (and includes) the earlier
8 of—

9 “(i) the day on which a determination
10 is made with respect to the eligibility of
11 such individual for services under the State
12 plan; or

13 “(ii) in the case of such an individual
14 who does not file an application by the last
15 day of the month following the month dur-
16 ing which the entity makes the determina-
17 tion referred to in subparagraph (A), such
18 last day.

19 “(2) QUALIFIED ENTITY.—

20 “(A) IN GENERAL.—Subject to subpara-
21 graph (B), the term ‘qualified entity’ means
22 any entity that—

23 “(i) is eligible for payments under a
24 State plan approved under this title; and

1 “(ii) is determined by the State agen-
2 cy to be capable of making determinations
3 of the type described in paragraph (1)(A).

4 “(B) REGULATIONS.—The Secretary may
5 issue regulations further limiting those entities
6 that may become qualified entities in order to
7 prevent fraud and abuse and for other reasons.

8 “(C) RULE OF CONSTRUCTION.—Nothing
9 in this paragraph shall be construed as pre-
10 venting a State from limiting the classes of en-
11 tities that may become qualified entities, con-
12 sistent with any limitations imposed under sub-
13 paragraph (B).

14 “(c) ADMINISTRATION.—

15 “(1) IN GENERAL.—The State agency shall pro-
16 vide qualified entities with—

17 “(A) such forms as are necessary for an
18 application to be made by an individual de-
19 scribed in subsection (a) for medical assistance
20 under the State plan; and

21 “(B) information on how to assist such in-
22 dividuals in completing and filing such forms.

23 “(2) NOTIFICATION REQUIREMENTS.—A quali-
24 fied entity that determines under subsection
25 (b)(1)(A) that an individual described in subsection

1 (a) is presumptively eligible for medical assistance
2 under a State plan shall—

3 “(A) notify the State agency of the deter-
4 mination within 5 working days after the date
5 on which determination is made; and

6 “(B) inform such individual at the time
7 the determination is made that an application
8 for medical assistance under the State plan is
9 required to be made by not later than the last
10 day of the month following the month during
11 which the determination is made.

12 “(3) APPLICATION FOR MEDICAL ASSIST-
13 ANCE.—In the case of an individual described in
14 subsection (a) who is determined by a qualified enti-
15 ty to be presumptively eligible for medical assistance
16 under a State plan, the individual shall apply for
17 medical assistance under such plan by not later than
18 the last day of the month following the month dur-
19 ing which the determination is made.

20 “(d) PAYMENT.—Notwithstanding any other provi-
21 sion of this title, medical assistance that—

22 “(1) is furnished to an individual described in
23 subsection (a)—

24 “(A) during a presumptive eligibility pe-
25 riod; and

1 “(B) by a entity that is eligible for pay-
2 ments under the State plan; and

3 “(2) is included in the care and services covered
4 by the State plan;
5 shall be treated as medical assistance provided by such
6 plan for purposes of section 1903(a)(5)(B).”.

7 (2) CONFORMING AMENDMENTS.—

8 (A) Section 1902(a)(47) of the Social Se-
9 curity Act (42 U.S.C. 1396a(a)(47)) is amend-
10 ed—

11 (i) by striking “and provide” and in-
12 serting “, provide”; and

13 (ii) by inserting before the semicolon
14 at the end the following: “, and provide for
15 making medical assistance available to in-
16 dividuals described in subsection (a) of sec-
17 tion 1920C during a presumptive eligibility
18 period in accordance with such section”.

19 (B) Section 1903(u)(1)(D)(v) of such Act
20 (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

21 (i) by striking “or for” and inserting
22 “, for”; and

23 (ii) by inserting before the period the
24 following: “, or for medical assistance pro-
25 vided to an individual described in sub-

1 section (a) of section 1920C during a pre-
2 sumptive eligibility period under such sec-
3 tion”.

4 (c) ENHANCED MATCH.—Section 1903(a)(5) of the
5 Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

6 (1) by striking “an” and inserting “(A) an”;

7 (2) by adding “plus” after the semicolon; and

8 (3) by adding at the end the following:

9 “(B) an amount equal to 75 percent of the
10 sums expended during such quarter which are at-
11 tributable to the offering, arranging, and furnishing
12 (directly or on a contract basis) of prostate cancer-
13 related treatment services; plus”.

14 (d) EFFECTIVE DATE.—The amendments made by
15 this section apply to medical assistance furnished on or
16 after the date of the enactment of this Act, without regard
17 to whether final regulations to carry out such amendments
18 have been promulgated by such date.

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