WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 1996

ENROLLED

Com. Sub. for HOUSE BILL No. 4181

(By Delegates Mezzatesta, Michael, Ryan,)
J. Martin, Burke, Douglas and Leach

Passed MARCH 9, 1996

In Effect Ninety Days from Passage
ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 4181

(BY DELEGATES MEZZATESTA, MICHAEL, RYAN, J. MARTIN, BURKE, DOUGLAS AND LEACH)

[Passed March 9, 1996; in effect ninety days from passage.]

AN ACT to amend and reenact section two, article thirty-three, chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended; and to further amend said article by adding thereto six new sections, designated sections seven, eight, nine, ten, eleven and twelve, all relating to creating the breast and cervical cancer diagnostic and treatment fund; defining terms; setting forth the composition of the fund; providing for the appropriation of moneys; providing that nothing in the article will require an appropriation by the Legislature; providing for the administration of the fund; setting forth the advisory committee duties; requiring the committee to study the possibility of establishing a similar fund for patients in need of diagnostic and treatment services for prostate and colon cancer; setting forth the manner of establishing covered services; authorizing the promulgation of rules; establishing financial and medical eligibility; providing an application process; and providing for disbursement of funds.

Be it enacted by the Legislature of West Virginia:

That section two, article thirty-three, chapter sixteen of the
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code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted; and that said article be further amended by adding thereto six new sections, designated sections seven, eight, nine, ten, eleven and twelve, all to read as follows:

ARTICLE 33. BREAST AND CERVICAL CANCER PREVENTION AND CONTROL ACT.

§16-33-2. Definitions.

1 As used in this article:
2 (a) "Advisory committee" means the medical advisory committee to the breast and cervical cancer detection and education program coalition established pursuant to the provisions of section five of this article.
3 (b) "Approved organization" means an organization approved by the director to provide medical services under section four of this article.
4 (c) "Bureau" means the state bureau of public health established pursuant to the provisions of article one of this chapter.
5 (d) "Department" means the department of health and human resources.
6 (e) "Director" means the director of the division of health.
7 (f) "Unserved or underserved populations" means persons having inadequate access and financial resources to obtain breast and cervical cancer screening and detection services, including persons who lack health insurance or whose health insurance coverage does not cover these services.
8 (g) "Fund" means the breast and cervical cancer diagnostic and treatment fund.
9 (h) "Qualified applicant" means a person who meets the financial and medical eligibility guidelines of this
§16-33-7. Establishment of breast and cervical cancer diagnostic and treatment fund.

(a) There is hereby established the breast and cervical cancer diagnostic and treatment fund which shall provide financial assistance for the medical care of indigent patients for diagnostic and treatment services for breast and cervical cancer.

(b) The fund may be comprised of moneys appropriated to the fund by the Legislature, allocated to the fund by the federal government and all other sums designated for deposit in the fund from any source, public or private.

(c) The fund shall be administered by the office of maternal and child health within the bureau of public health. The bureau shall file an annual report with the joint committee on government and finance describing the operation and status of the fund, acts, policies, practices or procedures of the bureau in implementing the provisions of this article, and the bureau's recommendations as to changes in law or policy which it deems necessary or appropriate.

(d) Nothing in this article may be construed or interpreted to mean that covered diagnostic and treatment services are required to be provided by the bureau or the department. Nothing in this article shall be construed to mandate funding for the breast and cervical diagnostic and treatment fund or to require any appropriation by the Legislature to the fund.

§16-33-8. Responsibilities of advisory committee; establishment of covered services, limitation of services and procedures; authorization for payment; promulgation of rules; annual reports.
(a) The advisory committee shall establish procedures and requirements regarding participation in the fund, including, but not limited to, the following:

(1) Establishing a list of covered services approved for payment through the fund, including (A) diagnostic and treatment services for breast or cervical cancer or a condition suggestive of cancer, and (B) ancillary diagnostic studies which may be authorized only when it is determined by the bureau to be directly related to the confirmation of a diagnosis of cancer or is necessary for treatment planning;

(2) Establishing procedures for emergency admissions or immediate patient entry into the health care system upon a determination that covered services are necessary so as to ensure prompt testing, diagnosis or treatment of breast or cervical cancer.

(3) Setting a limitation on days of service covered by the fund, and authorizing that the number of days for reimbursement be based on the medical condition of the patient and the procedure to be performed;

(4) Reviewing requests and providing authorization for payment of diagnostic or treatment services covered by the fund;

(5) Promulgating rules, in conjunction with the bureau, in accordance with the provisions of chapter twenty-nine-a of this code regarding the administration of the fund; and

(6) Submitting annual reports to the state bureau of public health regarding the operation and progress of the fund, the number of patients treated through the fund, and other statistical data as may be required by the bureau.

(b) The advisory committee shall study the possibility of and the cost associated with establishing a fund to provide financial assistance to qualified applicants for diagnostic and treatment services for prostate and colon cancer. The committee shall provide a report to the joint
committee on government and finance on or before the first day of January, one thousand nine hundred ninety-seven.


To be eligible for services under the fund, a patient's income must be at or below two hundred percent of the federal poverty level in accordance with the prevailing national poverty income guidelines and be medically eligible for participation pursuant to the provisions of section ten of this article. No patient who is covered by medical insurance, medicaid or medicare may be financially eligible for participation in the fund.

§16-33-10. Medical eligibility.

(a) In addition to the requirements contained in section nine of this article, in order to be eligible for services under the fund, a patient shall have a condition strongly suspicious of cancer which requires diagnostic services to confirm the preliminary diagnosis to be medically eligible for diagnostic authorization. The bureau may authorize only those services determined by the advisory committee to be medically necessary to confirm a preliminary diagnosis.

(b) A positive pathology report is required before treatment services may be authorized by the fund.

§16-33-11. Application forms and process.

(a) The bureau shall develop authorization request forms and make the forms available to the provider upon request.

(b) An application for inpatient diagnostic services shall be accompanied by a written, signed statement from the attending physician which includes the medical basis for requested inpatient services and explains why the services may not be performed on an outpatient basis.

§16-33-12. Reimbursement process.
(a) The fund is the payor of last resort. Payment for procedures shall be made at the prevailing rate established by medicare.

(b) A claim for authorized services rendered shall be processed in accordance with rules promulgated by the bureau.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originating in the House.

Takes effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker of the House of Delegates

The within is approved this the 28th day of March, 1996.

Governor
PRESENTED TO THE
GOVERNOR.

Date 3/22/46
Time 9:12 AM