

Quick Guide to Breast & Cervical Cancer Screening Treatment

If you do not have health insurance and need access to coverage for the screening and/or treatment of breast or cervical cancer, there are two federal programs that may help:

- National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- National Breast and Cervical Cancer Treatment Program (BCCTP)

Under the NBCCEDP, you may be able to access coverage for screening of breast or cervical cancer. Under the BCCTP, you may be able to access coverage for the treatment of breast or cervical cancer.

What is the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)?

The NBCCEDP is a federal program to help those with low income, who do not have adequate health insurance, access breast and cervical cancer screening, diagnostic, and treatment services.

The Breast and Cervical Cancer Mortality Prevention Act of 1990 created the NBCCEDP, which authorizes the Centers for Disease Control and Prevention (CDC) to promote breast and cervical cancer screening and to pay for screening services for eligible women.

The NBCCEDP is available in all 50 states, the District of Columbia, 2 U.S. territories, 5 U.S.-Affiliated Pacific Islands, and to various American Indian and Alaska Native tribes or tribal organizations.

The NBCCEDP provides screening and diagnostic services. This may include clinical breast exams, mammograms, Pap tests, pelvic exams, and other diagnostic services.

To be eligible for screening and diagnostic services under the NBCCEDP, you must:

- Have no insurance, or your insurance does not cover screening exams
- A yearly income at or below 250% of the federal poverty level.
- Be between 40 and 64 years of age for breast cancer screening.
- Be between 21 and 64 years of age for cervical cancer screening.



Certain women who are younger or older may qualify for screening services. For example, a woman who is younger than age 40 who is considered high-risk for breast cancer (i.e., family history of breast cancer) may still be eligible. A woman who is over age 64 may also be eligible if she has Medicare Part A but not Part B.

What is the National Breast and Cervical Cancer Treatment Program (BCCTP)?

The Breast and Cervical Cancer Prevention and Treatment Act of 2000, is a federal law that aimed to provide access to treatment services for breast and cervical cancer for low-income, uninsured, and underinsured women. This Act amends Title XIX of the Social Security Act to provide Medicaid eligibility to a new group of individuals previously not eligible for Medicaid. Visit [TriageCancer.org/QuickGuide-Medicaid](https://www.TriageCancer.org/QuickGuide-Medicaid) to learn more about Medicaid.

The Breast and Cervical Cancer Treatment Program (BCCTP) allows states to provide full Medicaid benefits to uninsured women, under age 65, who are screened or diagnosed through the NBCCEDP or another similar program, and need treatment for breast or cervical cancer. Treatment includes surgery, radiation therapy, chemotherapy, and other related services. This also includes treatment for pre-cancerous conditions and early-stage cancer. This is an optional program for states, but as of April 2024, all states offer BCCTP.

To be eligible for treatment under the BCCTP, an individual must:

- Have been screened for breast or cervical cancer through the state's NBCCEDP or another similar program and be in need of treatment for breast or cervical cancer;
- Be uninsured (they do not have creditable coverage and are not otherwise eligible for Medicaid); &
- Be under the age of 65.

It is important to note that eligibility for the BCCTP is determined by the state, and each state may have their own rules. Contact your state Medicaid agency for details and to apply. Find your state Medicaid agency here: TriageCancer.org/StateResources.

Visit our Chart of State Laws on Breast and Cervical Cancer Screening and Treatment (TriageCancer.org/StateLaws/Breast-Cervical) for more information on state rules.

BCCTP Timing of Coverage

A woman may be eligible for coverage under BCCTP starting up to three months before the month she applied for Medicaid. If she would have qualified during that earlier period, she is eligible.

Her coverage ends when her treatment is finished or if the state determines that she no longer meets the eligibility criteria, such as reaching age 65 or having other insurance coverage.

A woman is not limited to one period of eligibility. A new period of eligibility would start each time a woman who is screened under the NBCCEDP needs treatment for breast or cervical cancer and meets other eligibility rules.

BCCTP Scope of Coverage

An individual eligible for the BCCTP is entitled to full Medicaid coverage, meaning coverage extends beyond the treatment of breast and cervical cancer.

If you are on Medicaid and are participating in a clinical trial, or would like to participate in a clinical trial, Medicaid may cover the routine costs under the Clinical Treatment Act. For more information, see our Quick Guide to Medicaid & Clinical Trials: TriageCancer.org/Quick-Guides/Medicaid-Clinical-Trial.

BCCTP and Immigration Status

In general, to be eligible for Medicaid, an individual must either be a U.S. Citizen or a qualified non-citizen, such as lawful permanent residents, refugees, and others. Most states provide Medicaid to qualified non-citizens. However, many qualified non-citizens must wait 5 years before being able to access Medicaid. For details, visit: TriageCancer.org/State-Laws/Immigration.

If a woman qualifies for the BCCTP and has been in the United States for less than 5 years as a qualified noncitizen, she may be eligible for limited-scope Medicaid without undergoing the 5-year waiting period. This limited -scope Medicaid would only cover treatment for breast or cervical cancer.

Women who do not meet the immigration-related eligibility criteria may still be able to receive Emergency Medicaid. A person qualifies for Emergency Medicaid, when they have an "emergency condition."

Under the Emergency Medical Treatment and Labor Act (EMTALA), hospital emergency rooms have to give emergency care to people, even if they are not insured or cannot pay. EMTALA applies to any hospital that takes Medicare or Medicaid. It does not apply to military or VA hospitals.

When individuals go to the emergency room, they have to be examined by a health care professional, like a doctor or nurse, to see if they need emergency care. If they do, the hospital must provide enough care to stabilize them, until the emergency is over. This does not mean that individuals will get treatment for all of their medical needs. They will only get treatment to the point where their lives are not in immediate danger.

For more information on health care for immigrants, see our Quick Guide to Health Care Rights of Immigrants: TriageCancer.org/QuickGuide-Immigrants.

For more information about health care options for individuals who are uninsured, see our Quick Guide to Health Care Options When Uninsured: TriageCancer.org/QuickGuide-UninsuredOptions.

**For more information about Medicaid, visit our Medicaid Resource Hub at
TriageCancer.org/Medicaid-Cancer.**