**STATE OF MAINE**

**RULE RELATING TO THE BREAST AND CERVICAL CANCER PREVENTION AND TREATMENT ACT (BCCPTA)**

**10-144 CODE OF MAINE RULES**

**Chapter 708**



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**MAINE CENTER FOR DISEASE CONTROL AND PREVENTION**

**11 STATE HOUSE STATION**

**AUGUSTA, MAINE 04333-0011**

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**SECTION 1. PURPOSE**

This rule is administered by the Department of Health and Human Services (the “Department”) – Maine Center for Disease Control and Prevention and implements program requirements for the Maine CDC Breast and Cervical Health Program (MBCHP) for coverage of services under the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354), which was authorized by the Maine Legislature, effective October 1, 2001 (hereinafter “The Treatment Act”), (PL 2001, c. 439, PART TT.)

**SECTION 2. ELIGIBILITY FOR SERVICES**

**A.** To be found eligible for MaineCare under the Treatment Act, the applicant must:

1. Meet the age and gender requirements established by Department’s Rules Relating to National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in Maine (10-144 CMR Ch 707);

2. Be a U.S. citizen or registered alien, and provide documentation as requested;

3. Be a Maine resident;

4. Meet the income requirements established by the Department in 10-144 CMR Chapter 707;

5. Have no creditable insurance coverage;

a. Creditable insurance coverage has the same meaning as the term defined in §2701(c) of the Public Health Services Act, 42 U.S.C. §300gg(c)(1);

b. A person will be considered to have no creditable insurance if the person’s health insurance contains a pre-existing condition exclusion, which either excludes treatment of breast or cervical cancer or covers limited services but not treatment for breast or cervical cancer.

6. Be otherwise ineligible for full MaineCare coverage under any other existing mandatory MaineCare categorically needy eligibility group;

7. Have received an MBCHP covered screening or diagnostic service (see 10-144 CMR, Ch 707) at an MBCHP participating site, whether or not that service was paid with MBCHP funds; and

8. Have been diagnosed with either breast or cervical cancer or pre-cancerous lesions and need treatment for such conditions.

**SECTION 3. ENROLLMENT**

**A. Initial Enrollment**

After a person is determined to be eligible for services in accordance with this rule:

1. The *Treatment Act* MaineCare application prescribed by the Department will be mailed to the person for signature.

2. The person must sign and return the form to MBCHP. When the form is returned, the MaineCare effective date and annual review date are determined and MaineCare coverage is activated.

3. The client may qualify for retroactive MaineCare eligibility provided that the person meets the eligibility requirements for any month during and up to the 90 days prior to the first day of the month the application is received by MBCHP in accordance with the MaineCare Eligibility Manual, 10-144 CMR Ch 332.

4. MBCHP must receive proof of diagnosis and determination of treatment plan directly from the client’s physician. The plan must be based on a recent examination and must fully describe the physician’s findings and the medical necessity for proposed treatment.

**B. Ongoing Review of Eligibility**

1. Review date is one year from the month of the start date. All forms used for the review must be approved by the Department.

a. Appropriate medical confirmation demonstrating the person continues to need treatment for breast or cervical cancer or pre-cancerous lesions is required for the annual review.

b. The review process requires confirmation of ongoing lack of creditable insurance coverage.

2. Coverage under the Treatment Act ends when the person attains the age of 65 years old.

3. If the recipient is no longer eligible under the Treatment Act, the person may apply directly to MaineCare for continued coverage.

**SECTION 4. COVERED SERVICES**

A person determined eligible in accordance with this rule will receive full MaineCare benefits as long as the person is in need of treatment for breast or cervical cancer or pre-cancerous lesions in accordance with the MaineCare Eligibility Manual, 10-144 CMR Chapter 332.

**SECTION 5. APPEAL RIGHTS**

A person who is aggrieved by a decision relating to the person’s claim for eligibility for MaineCare coverage under this rule has administrative and judicial appeal rights as established in the MaineCare Eligibility Manual, 10-144 CMR Chapter 332.

**STATUTORY AUTHORITY**

22 MRS § 42(1); PL 2001, ch. 439, Part TT

**EFFECTIVE DATE:**

May 1, 2007 – filing 2007-156

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