

ARKANSAS SENATE
84th General Assembly - Regular Session, 2003
Amendment Form

Subtitle of Senate Bill No. 31

"TO CREATE THE BREAST CANCER AND PROSTATE CANCER EARLY DETECTION
PROGRAM ACT. "

Amendment No. 1 to Senate Bill No. 31.

Amend Senate Bill No. 31 as originally introduced:

Page 1, delete line 9 and substitute the following:

"TO CREATE THE BREAST CANCER, PROSTATE CANCER, AND COLON CANCER"

AND

Page 1, delete line 14 and substitute the following:

"TO CREATE THE BREAST CANCER, PROSTATE CANCER, AND COLON"

AND

Page 1, delete line 21 and substitute the following:

"Cancer, Prostate Cancer, and Colon Cancer Early Detection Program Act"."

AND

Page 1, delete line 26 and substitute the following:

"twenty (20) years of age or older, except policies that provide coverage"

AND

Page 1, delete lines 28 through 31 and substitute the following:

"coverage specified by this section for a mammogram or clinical breast examination for the presence of breast cancer in a reimbursement amount equal to or exceeding the lesser of the cost of the medical service or one hundred fifteen dollars (\$115)."

AND

Page 1, delete line 35 and substitute the following:

"(2) Require that the female undergo the mammogram or clinical breast examination at a"



AND

Page 2, delete lines 3 through 8 and substitute the following:

“(1) Any female insured under the policy who is forty (40) years old or older, an annual mammogram and clinical breast examination performed by a health care professional at no charge to the patient;

(2) Any female with a family history of breast cancer who is insured under the policy and who is thirty-five (35) to thirty-nine (39) years old, an annual mammogram and clinical breast examination performed by a health professional at no charge to the patient; and

(3) Any female insured under the policy who is twenty (20) to thirty-nine (39) years old, a clinical breast examination performed by a health care professional at no charge to the patient once every three (3) years.”

AND

Page 2, delete lines 12 and 13 and substitute the following:

“service or indemnity type contracts that provide coverage for a male forty-five (45) years of age or older, except policies that provide coverage for”

AND

Page 2, delete lines 15 through 17 and substitute the following:

“coverage specified by this section for a screening for the presence of prostate cancer in a reimbursement amount equal to or exceeding the lesser of the actual cost or one hundred fifteen dollars (\$115).”

AND

Page 2, delete lines 25 through 30 and substitute the following:

“(1) Any male insured under the policy who is fifty (50) years old or older, an annual prostate-specific antigen test and digital rectal exam performed by a health care professional at no charge to the patient; and

(2) Any male with a family history of prostate cancer who is insured under the policy and who is forty-five (45) to forty-nine (49) years old, an annual prostate-specific antigen test and digital rectal exam performed by a health care professional at no charge to the patient.

SECTION 4. (a) All individual and group health insurance policies providing coverage on an expense-incurred basis, and all individual and group service or indemnity type contracts that provide coverage for males or females forty (40) years old or older, except policies that provide coverage for specified disease or other limited-benefit coverage, shall include the coverage specified by this section for a screening for the presence of colon cancer in a reimbursement amount equal to or exceeding the lesser of the actual cost or one hundred fifteen dollars (\$115).

(b) Coverage required under subsection (a) of this section shall not:

(1) Be subject to the policy deductible, co-payments, and co-insurance limits of the plan; or

(2) Require that the insured undergo a colon cancer screening at a specified time as a condition of payment.

(c) Coverage required under subsection (a) of this section shall provide coverage for:

(1) Any insured under the policy who is fifty (50) years old or older, an annual fecal occult blood test performed by a health care professional at no charge to the patient;

(2) Any insured under the policy who is fifty (50) years old or older, a flexible sigmoidoscopy every five (5) years performed by a health care professional at no charge to the patient;

(3) Any insured under the policy with a family history or who has an increased risk of colon cancer and who is forty (40) to forty-nine (49) years old, an annual fecal occult blood test performed by a health care professional at no charge to the patient; and

(4) For any insured under the policy with a family history or who has an increased risk of colon cancer and who is forty (40) to forty-nine (49) years old, a flexible sigmoidoscopy every five (5) years performed by a health care professional at no charge to the patient.”

AND

Page 2, delete line 32 and substitute the following:

“SECTION 5. This act applies to policies and contracts issued or”

The Amendment was read the first time, rules suspended and read the second time and _____

By: Senator Whitaker
KAS/VJF - 013120031255
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Secretary