

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 84th General Assembly
3 Regular Session, 2003
4

As Engrossed: S2/6/03
A Bill

SENATE BILL 31

5 By: Senator Whitaker
6
7

8 **For An Act To Be Entitled**

9 *TO CREATE THE BREAST CANCER, PROSTATE CANCER, AND*
10 *COLON CANCER EARLY DETECTION PROGRAM ACT; AND FOR*
11 *OTHER PURPOSES.*

12
13 **Subtitle**

14 *TO CREATE THE BREAST CANCER, PROSTATE*
15 *CANCER, AND COLON CANCER EARLY DETECTION*
16 *PROGRAM ACT.*

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18
19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. This act shall be known and may be cited as the "Breast
22 Cancer, Prostate Cancer, and Colon Cancer Early Detection Program Act".

23
24 SECTION 2. (a) All individual and group health insurance policies
25 providing coverage on an expense-incurred basis, and all individual and group
26 service or indemnity type contracts that provide coverage for a female twenty
27 (20) years of age or older, except policies that provide coverage for
28 specified diseases or other limited-benefit coverage, shall include the
29 coverage specified by this section for a mammogram or clinical breast
30 examination for the presence of breast cancer in a reimbursement amount equal
31 to or exceeding the lesser of the cost of the medical service or one hundred
32 fifteen dollars (\$115).

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

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

36 (2) Require that the female undergo the mammogram or clinical



1 breast examination at a specified time as a condition of payment.

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

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

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

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

15
16 SECTION 3. (a) All individual and group health insurance policies
17 providing coverage on an expense-incurred basis, and all individual and group
18 service or indemnity type contracts that provide coverage for a male forty-
19 five (45) years of age or older, except policies that provide coverage for
20 specified disease or other limited-benefit coverage, shall include the
21 coverage specified by this section for a screening for the presence of
22 prostate cancer in a reimbursement amount equal to or exceeding the lesser of
23 the actual cost or one hundred fifteen dollars (\$115).

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

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

27 (2) Require that a male undergo a prostate screening at a
28 specified time as a condition of payment.

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

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

34 (2) Any male with a family history of prostate cancer who is
35 insured under the policy and who is forty-five (45) to forty-nine (49) years
36 old, an annual prostate-specific antigen test and digital rectal exam

1 performed by a health care professional at no charge to the patient.
2

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

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

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

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

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

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

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

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

28 (4) For any insured under the policy with a family history or
29 who has an increased risk of colon cancer and who is forty (40) to forty-nine
30 (49) years old, a flexible sigmoidoscopy every five (5) years performed by a
31 health care professional at no charge to the patient.
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33 SECTION 5. This act applies to policies and contracts issued or
34 renewed in this state after the effective date of this act.
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36 /s/ Whitaker