

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 H3/20/03

# A Bill

SENATE BILL 31

5 By: Senator Whitaker  
6 By: Representatives Green, Biggs  
7

## For An Act To Be Entitled

10 TO CREATE THE BREAST CANCER, PROSTATE CANCER, AND  
11 COLON CANCER EARLY DETECTION PROGRAM ACT; AND FOR  
12 OTHER PURPOSES.  
13

### Subtitle

14 TO CREATE THE BREAST CANCER, PROSTATE  
15 CANCER, AND COLON CANCER EARLY DETECTION  
16 PROGRAM ACT.  
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20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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22 SECTION 1. This act shall be known and may be cited as the "Breast  
23 Cancer, Prostate Cancer, and Colon Cancer Early Detection Program Act".  
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25 SECTION 2. (a) All individual and group health insurance policies  
26 providing coverage on an expense-incurred basis, and all individual and group  
27 service or indemnity type contracts that provide coverage for a female twenty  
28 (20) years of age or older, except policies that provide coverage for  
29 specified diseases or other limited-benefit coverage, major medical policies  
30 whose duration is for six (6) months or less, or policies issued by the  
31 Arkansas Comprehensive Health Insurance Pool, shall include the coverage  
32 specified by this section for a mammogram or clinical breast examination for  
33 the presence of breast cancer.

34 (b) Coverage required under subsection (a) of this section:

35 (1) Shall be subject to the policy deductible, copayments and  
36 co-insurance limits of the plan; but



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1           (2) Shall not require that the female undergo the mammogram or  
2 clinical breast examination at a specified time as a condition of payment.

3           (c) The coverage required by subsection (a) of this section shall be  
4 provided for mammograms, clinical breast examinations by a health care  
5 professional and other diagnostic tests at the ages and frequencies  
6 recommended by the U.S. Preventive Services Task Force, as in existence on  
7 January 1, 2003.

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9           SECTION 3. (a) All individual and group health insurance policies  
10 providing coverage on an expense-incurred basis, and all individual and group  
11 service or indemnity type contracts that provide coverage for a male forty-  
12 five (45) years of age or older, except policies that provide coverage for  
13 specified disease or other limited-benefit coverage, major medical policies  
14 whose duration is for six (6) months or less, or policies issued by the  
15 Arkansas Comprehensive Health Insurance Pool, shall include the coverage  
16 specified by this section for a screening for the presence of prostate  
17 cancer.

18           (b) Coverage required under subsection (a) of this section:

19           (1) Shall be subject to the policy deductible, co-payments and  
20 co-insurance limits of the plan; but

21           (2) Shall not require that a male undergo a prostate screening  
22 at a specified time as a condition of payment.

23           (c) The coverage required by subsection (a) of this section shall be  
24 provided for digital rectal examinations by a health care professional,  
25 prostate specific antigen tests and other diagnostic tests at the ages and  
26 frequencies recommended by the U. S. Preventive Services Task Force, as in  
27 existence on January 1, 2003.

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29           SECTION 4. (a) All individual and group health insurance policies  
30 providing coverage on an expense-incurred basis, and all individual and group  
31 service or indemnity type contracts that provide coverage for males or  
32 females forty (40) years old or older, except policies that provide coverage  
33 for specified disease or other limited-benefit coverage, major medical  
34 policies whose duration is for six (6) months or less, or policies issued by  
35 the Arkansas Comprehensive Health Insurance Pool, shall include the coverage  
36 specified by this section for a screening for the presence of colon cancer.

1 (b) Coverage required under subsection (a) of this section:  
2 (1) Shall be subject to the policy deductible, co-payments, and  
3 co-insurance limits of the plan; but  
4 (2) Shall not require that the insured undergo a colon cancer  
5 screening at a specified time as a condition of payment.  
6 (c) The coverage required by subsection (a) of this section shall be  
7 provided for fecal occult blood tests performed by a health care  
8 professional, flexible sigmoidoscopy and other diagnostic tests at ages and  
9 frequencies recommended by the U. S. Preventive Services Task Force, as in  
10 existence on January 1, 2003.

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12 SECTION 5. This act applies to policies and contracts issued or  
13 renewed in this state after the effective date of this act.

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15 /s/ Whitaker  
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