For An Act To Be Entitled
AN ACT TO UPDATE THE COLORECTAL CANCER PREVENTION,
EARLY DETECTION, AND TREATMENT ACT; AND FOR OTHER
PURPOSES.

Subtitle
TO UPDATE THE COLORECTAL CANCER
PREVENTION, EARLY DETECTION, AND
TREATMENT ACT.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter 19, is
amended to read as follows:

Subchapter 19 — Colorectal Cancer Prevention, Early Detection, and Treatment Act
Arkansas Colorectal Cancer Screening Initiative Act

20-15-1901. Title.
This subchapter shall be known and may be cited as the “Colorectal Cancer Prevention, Early Detection, and Treatment Act Arkansas Colorectal Cancer Screening Initiative Act”.

(a) The General Assembly finds that:
(1)(A) Colorectal cancer is In 2015, colorectal cancer was the second leading cause of cancer death in Arkansas.
(B) An estimated one thousand six hundred thirty (1,630)
one thousand five hundred eighty-two (1,582) new cases of colorectal cancer
were diagnosed in Arkansas during 2009 2015.

(C) An estimated one thousand four hundred (1,400) one
thousand three hundred seventy (1,370) new cases of colorectal cancer will be
diagnosed in Arkansas during 2017 2018.

(D) An estimated six hundred (600) Arkansans will have
colorectal cancer listed as the cause of death in 2017 2018.

(E) Arkansas presently has higher incidences of colorectal
cancer and higher rates of death resulting from colorectal cancer than the
national average.

(F) A 2015 cancer surveillance study published in the
journal of Cancer, Epidemiology, Biomarkers, and Prevention by R.L. Siegel et
al. indicates that the higher rates of colorectal cancer are experienced in
the following seventeen (17) counties:

(i) Randolph;
(ii) Clay;
(iii) Mississippi;
(iv) Poinsett;
(v) Woodruff;
(vi) Cross;
(vii) Crittenden;
(viii) Lee;
(ix) Monroe;
(x) Arkansas;
(xi) Phillips;
(xii) Desha;
(xiii) Chicot;
(xiv) Drew;
(xv) Jefferson;
(xvi) Dallas; and
(xvii) Jackson;

(2)(A) Screening for colorectal cancer may identify the
precursors of cancer before the disease begins and the precursors may be
removed, thus preventing the emergence of most colorectal cancer.

(B) Currently, only fifty-nine percent (59%) sixty-five
percent (65%) of Arkansans who are at risk for colorectal cancer or who are
above fifty (50) years of age have been screened.

(C) On April 19, 2016, Governor Asa Hutchinson signed the “80% by 2018” pledge dedicating his commitment to increase colorectal cancer screenings to eighty percent (80%) by 2018.

(D) Arkansas presently ranks forty-sixth in the nation for colorectal screenings among individuals who are fifty (50) years of age or older; and

(3) The Colorectal Cancer Control Demonstration Project created in the Colorectal Cancer Act of 2005, Acts 2005, No. 2236 [repealed], has produced findings indicating that:

(A)(i) Statewide only fifty percent (50%) of adults over fifty (50) years of age have received colorectal cancer screening within the recommended time interval and thirty-five percent (35%) have never been screened.

(ii) Screening rates are twenty-five percent (25%) lower in underserved areas of the state where healthcare services, health insurance coverage, educational attainment, and household income are limited;

(B)(i) Forty percent (40%) of Arkansans who should be screened for colorectal cancer have never received physician advice to be screened.

(ii) An individual in an underserved area of the state is less likely to receive appropriate advice about effective screening methods than is an individual in a better-served area of the state;

(C)(i) Fewer than forty percent (40%) of Arkansas citizens know that periodic screening for colorectal cancer should start at fifty (50) years of age.

(ii) Fifty-six percent (56%) of Arkansas citizens rate themselves as being at low risk for colorectal cancer.

(iii) Forty-two percent (42%) of Arkansas citizens identify cost as a significant barrier to screening; and

(D)(i) Eighty-one percent (81%) of low-income patients enrolled in the demonstration project Colorectal Cancer Control Demonstration Project successfully completed colorectal screening.

(ii) A statewide screening program for underserved individuals could reduce colorectal cancer incidence among screened individuals by thirty-two percent (32%), reduce five-year mortality risk by
twenty-five percent (25%), and reduce colorectal cancer treatment costs by
fifty-four percent (54%).

(b) This subchapter is intended to reduce the physical and economic
burden of colorectal cancer in Arkansas.

As used in this subchapter, “high risk” means:

(1) An individual over fifty (50) forty-five (45) years of age
or who faces a high risk for colorectal cancer because of:

(A) The presence of one (1) or more polyps on a previous
colonoscopy, barium enema, or flexible sigmoidoscopy;
(B) Family history of colorectal cancer;
(C) Genetic alterations of hereditary nonpolyposis colon
cancer or familial adenomatous polyposis;
(D) Personal history of colorectal cancer, ulcerative
colitis, or Crohn’s disease; or
(E) The presence of any appropriate recognized gene
markers for colorectal cancer or other predisposing factors; and

(2) Any additional or expanded definition of “persons at high
risk for colorectal cancer” as recognized by medical science and determined
by the Director of the Department of Health in consultation with the
University of Arkansas for Medical Sciences.


(a) There is created in the Department of Health the Arkansas
Colorectal Cancer Prevention, Early Detection, and Treatment Program if funds
are available the Arkansas Colorectal Cancer Screening Initiative in the
Department of Health, if funds are available.

(b) The Winthrop P. Rockefeller Cancer Institute at the University of
Arkansas for Medical Sciences may collaborate with the department and the
Arkansas Cancer Coalition in conducting the program initiative, which shall
be administered through the department.

(c)(1) The program initiative shall be designed in conformity with
federal law and regulations regarding a program for prevention, early
detection, and treatment of colorectal cancer.

(2) Funds shall not be used to supplant funds already available
for prevention, early detection, and treatment of colorectal cancer.

(d) A contract may be made under this subchapter only if:

(1) In providing screenings for colorectal cancer, priority is given to individuals who lack adequate coverage under health insurance and health plans for screenings for colorectal cancer;

(2) Screenings are carried out as preventive health measures in accordance with evidence-based screening guidelines and procedures;

(3) A payment made through the program initiative for a screening procedure will not exceed the amount specified under federal law and regulations regarding a grant program for prevention, early detection, and treatment of colorectal cancer;

(4) Funds shall not be spent to make payment for any item or service if that payment has been made or can reasonably be expected to be made:

(A) Under a state compensation program, an insurance policy, or a federal or state health benefits program; or

(B) By an entity that provides health services on a prepaid basis; and

(5) Fiscal controls and fund accounting procedures are established to ensure proper disbursal of and accounting for amounts received under this subchapter.

(e) Upon request, the department shall provide records maintained under this subchapter to the appropriate federal oversight agency.

(f) The program initiative shall be implemented statewide.

The Arkansas Colorectal Cancer Prevention, Early Detection, and Treatment Program Screening Initiative funded under this subchapter shall:

(1) Provide screenings and diagnostic tests for colorectal cancer to individuals who are:

(A) Fifty (50) Forty-five (45) years of age or older; or

(B) Under fifty (50) forty-five (45) years of age and at high risk for colorectal cancer;

(2) Provide appropriate case management and referrals for medical treatment of individuals screened under the program initiative created in this subchapter;
(3) Directly or through coordination or an arrangement with healthcare providers or programs ensure the full continuum of follow-up and cancer care for individuals screened in the program initiative, including without limitation:

(A) Appropriate follow-up for abnormal test results;
(B) Diagnostic services;
(C) Therapeutic services; and
(D) Treatment of detected cancers and management of unanticipated medical complications;

(4) Carry out activities to improve the education, training, and skills of health professionals, including allied health professionals in the detection and control of colorectal cancer;

(5) Establish mechanisms to monitor the quality of screening and diagnostic follow-up procedures for colorectal cancer;

(6) Create and implement appropriate monitoring systems to monitor, including without limitation:

(A) The number of facilities in the state that provide screening services in accordance with evidence-based screening guidelines and procedures;
(B) Physicians, including family practitioners, gastroenterologists, and surgical endoscopists who perform colonoscopies in the state and the regions of the state in which the physicians practice;
(C) Differences in cost across facilities as compared to Medicare payment for procedures; and
(D) Available resources for follow-up diagnostics and treatment as needed;

(7) Develop and disseminate findings derived from the monitoring systems;

(8) Develop and disseminate public information and education programs for the detection and control of colorectal cancer and for promoting the benefits of receiving screenings for the public and for healthcare professions, to include without limitation education concerning:

(A) High-risk populations;
(B) Target populations; and
(C) The uninsured and underinsured;

(9) Develop provider-oriented programs to promote routine
implementation of screening guidelines and patient-oriented programs to increase utilization of screening and diagnostic services; and

(10) Make records of program initiative activities and expenditures available to the Department of Health.

20-15-1906. Colorectal Cancer Prevention, Early Detection, and Treatment Advisory Committee. (a) There is created a Colorectal Cancer Prevention, Early Detection, and Treatment Advisory Committee to advise the Director of the Department of Health on matters of concern under this subchapter. (b) The director shall appoint:

(1) One (1) member to represent the Department of Health;
(2) One (1) member to represent the target population of this subchapter;
(3) One (1) member who specializes in primary care or gastrointestinal medicine to represent the Arkansas Medical Society, Inc.;
(4) One (1) member who specializes in primary care or gastrointestinal medicine to represent the Arkansas Medical, Dental and Pharmaceutical Association;
(5) One (1) member who is a surgical oncologist physician;
(6) One (1) member who is a radiation oncologist physician;
(7) One (1) member to represent the Arkansas Nurses Association;
(8) One (1) member who is a behavioral health scientist;
(9) One (1) member who is a medical oncologist physician;
(10) One (1) member to represent the area health education centers;
(11) One (1) member who is a colorectal cancer survivor;
(12) One (1) member to represent the American Cancer Society;
(13) One (1) member to represent the Community Health Centers of Arkansas, Inc.; and
(14) One (1) member selected from the Arkansas Minority Health Commission.

(c) The director shall ensure that the membership is representative of the four (4) congressional districts.

(d) Terms of committee members shall be three (3) years except for the initial members whose terms shall be determined by lot so as to stagger terms
to equalize as nearly as possible the number of members to be appointed each year.

(e) If a vacancy occurs, the director shall appoint a person who represents the same constituency as the member being replaced.

(f) The committee shall elect one (1) of its members to act as chair for a term of one (1) year.

(g) A majority of the members shall constitute a quorum for the transaction of business.

(h) The committee shall meet at least quarterly to study developments in programs created under this subchapter and to assist the director in improving existing programs and developing new programs.

(i) The department shall provide office space and staff for the committee.

(j) Members of the committee shall serve without pay but may receive expense reimbursement in accordance with § 25-16-902 if funds are available.


(a) There is established within the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences, in collaboration with the Department of Health, the Colorectal Cancer Research Program.

(b) The program may conduct without limitation:

(1) Research into the cause, cure, treatment, early detection, and prevention of colorectal cancer and the survivorship of individuals diagnosed with colorectal cancer;

(2) Examinations of behavioral and educational strategies to promote screening and early detection; and

(3) Research addressing health policies and legislative initiatives intended to promote early detection and reduce the burden of colorectal cancer.

(c) The program shall fund innovative research and the dissemination of successful research findings with special emphasis on research that complements, rather than duplicates, the research funded by the United States Government and other entities.

(a) There is created the Oversight Committee on Colorectal Cancer Research.

(b) All research grants shall be awarded on the basis of the research priorities established for the Colorectal Cancer Research Program and the scientific merit of the proposed research as determined by a peer review process governed by the committee.

(c) The committee shall consist of seven (7) members appointed by the Director of the Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences, as follows:

   (1) One (1) member to represent the Arkansas Medical Society, Inc.;

   (2) One (1) member to represent the Arkansas Hospital Association, Inc.;

   (3) One (1) member to represent the medical, surgical, or radiation oncology community;

   (4) One (1) member who is a colorectal health advocate;

   (5) One (1) member to represent the University of Arkansas who has experience in biomedical research relevant to cancer prevention and control;

   (6) One (1) member to represent the University of Arkansas who has experience in behavioral and psychosocial research relevant to cancer prevention and control; and

   (7) One (1) member to represent the University of Arkansas who has experience in systems research relevant to cancer prevention and control.

(d) Each of the four (4) congressional districts shall be represented by at least one (1) member.

(e)(1) The members shall serve for a period of four (4) years.

   (2) The members shall serve staggered terms to be determined by lot at the first meeting of the committee so that one (1) member serves one (1) year, two (2) members serve two (2) years, two (2) members serve three (3) years, and two (2) members serve four (4) years.