

Stricken language would be deleted from and underlined language would be added to present law.

1 State of Arkansas As Engrossed: S3/2/21 S3/15/21 H4/1/21

2 93rd General Assembly

# A Bill

3 Regular Session, 2021

SENATE BILL 309

4

5 By: Senators Irvin, B. Ballinger, Bledsoe, L. Eads, Elliott, J. English, Teague, C. Tucker, D. Wallace

6 By: Representatives L. Johnson, F. Allen, Boyd, Brown, Cloud, Clowney, D. Ferguson, K. Ferguson, C.

7 Fite, V. Flowers, Haak, Hillman, Love, Lowery, Maddox, Magie, Murdock, Nicks, D. Whitaker, Wooten

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## For An Act To Be Entitled

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AN ACT TO AMEND THE REQUIREMENTS FOR COVERAGE FOR

11

COLORECTAL CANCER SCREENING; AND FOR OTHER PURPOSES.

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## Subtitle

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TO AMEND THE REQUIREMENTS FOR COVERAGE

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FOR COLORECTAL CANCER SCREENING.

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

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SECTION 1. Arkansas Code § 23-79-1201(3), concerning the definition of

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"persons at high risk for colorectal cancer" used under the coverage for

23

colorectal cancer screening, is amended to read as follows:

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(3) "Persons at high risk for colorectal cancer" means:

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(A) Individuals over ~~fifty (50)~~ forty-five (45) years of

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age or who face a high risk for colorectal cancer because of:

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(i) The presence of one (1) or more adenomatous

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polyps on a previous colonoscopy, ~~barium enema,~~ or flexible sigmoidoscopy;

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(ii) A family history of colorectal cancer ~~in close~~

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~~relatives of parents, brothers, sisters, or children;~~

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(iii) Genetic alterations of hereditary nonpolyposis

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colon cancer or familial adenomatous polyposis;

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(iv) A personal history of colorectal cancer,

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ulcerative colitis, or Crohn's disease; or

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(v) The presence of any appropriate recognized gene

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markers for colorectal cancer or other predisposing factors; and



1 (B) Any additional or expanded definition of “persons at  
2 high risk for colorectal cancer” as recognized by medical science and  
3 determined by the Secretary of the Department of Health in consultation with  
4 *the University of Arkansas for Medical Sciences and consistent with*  
5 *guidelines issued by the United States Preventive Services Task Force.*  
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7 SECTION 2. Arkansas Code § 23-79-1201, concerning the definitions used  
8 in the coverage for colorectal cancer screening, is amended to add an  
9 additional subdivision to read as follows:

10 (4) “Follow-up colonoscopy” means a colonoscopy that is  
11 performed as a follow-up to a colorectal cancer screening test, other than a  
12 colonoscopy, the result of which is:

13 (A) Positive; and

14 (B) Assigned either a grade of "A" or a grade of "B" by  
15 the United States Preventive Services Task Force.  
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17 SECTION 3. Arkansas Code § 23-79-1202 is amended to read as follows:  
18 23-79-1202. Coverage – Applicability.

19 (a) A healthcare policy subject to this subchapter executed,  
20 delivered, issued for delivery, continued, or renewed in this state on or  
21 after August 1, 2005, shall include colorectal cancer examinations and  
22 laboratory tests within the healthcare policy’s coverage.

23 (b) The coverage shall include colorectal cancer examinations and  
24 laboratory tests for:

25 (1) Covered persons who are ~~fifty (50)~~ forty-five (45) years of  
26 age or older;

27 (2) Covered persons who are less than ~~fifty (50)~~ forty-five (45)  
28 years of age and at high risk for colorectal cancer according to ~~American~~  
29 ~~Cancer Society~~ colorectal cancer screening guidelines as they existed on  
30 ~~January 1, 2005~~ January 1, 2021; and

31 (3) Covered persons experiencing or meeting the following  
32 criteria or symptoms of colorectal cancer as determined by a physician  
33 licensed under the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-  
34 95-301 et seq., and § 17-95-401 et seq.:

35 (A) Bleeding from the rectum or blood in the stool; ~~or~~

36 (B) A change in bowel habits, such as diarrhea,

1 constipation, or narrowing of the stool, that lasts more than five (5) days;  
2 or

3 (C) The need for a follow-up colonoscopy.

4 (c) After August 1, 2005, each employer that offers a healthcare  
5 policy to employees shall offer all eligible employees at the time of hiring  
6 or healthcare policy renewal a healthcare policy that includes colorectal  
7 cancer examinations and laboratory tests within the coverage of the  
8 employee's healthcare policy.

9 (d)(1) The colorectal screening shall involve an examination of the  
10 entire colon, including:

11 ~~(A) The following examinations or laboratory tests, or~~  
12 both All examinations, lab tests, or preventive screening tests assigned  
13 either a grade of "A" or a grade of "B" by the United States Preventive  
14 Services Task Force;

15 ~~(i) An annual fecal occult blood test utilizing the~~  
16 ~~take-home multiple sample method, or an annual fecal immunochemical test in~~  
17 ~~conjunction with a flexible sigmoidoscopy every five (5) years;~~

18 ~~(ii) A double-contrast barium enema every five (5)~~  
19 ~~years; or~~

20 ~~(iii) A colonoscopy every ten (10) years; and~~

21 (B) Any additional medically recognized screening tests  
22 determined by the United States Preventive Services Task Force for colorectal  
23 ~~cancer required by the Secretary of the Department of Health, determined in~~  
24 ~~consultation with appropriate healthcare organizations.~~

25 (2) The covered person shall determine the choice of screening  
26 strategies in consultation with a healthcare provider.

27 (3) Colorectal screening examinations shall be according to the  
28 choices and frequency provided by this subsection for all other covered  
29 persons.

30 (e)(1) Screenings shall be limited to ~~the following~~ guidelines for the  
31 management or subsequent need for follow-up colonoscopy.

32 (2) The guidelines described in subdivision (e)(1) of this  
33 section shall include a guideline stating that if a healthcare policy  
34 provides coverage to a resident of this state, then the healthcare policy  
35 shall not impose any cost-sharing requirements for:

36 ~~(1)(A) If the initial colonoscopy is normal, follow-up is~~

1 ~~recommended in ten (10) years~~ A colonoscopy performed as a result of a  
 2 positive result on a noncolonoscopy preventive screening test as described in  
 3 subdivision (d)(1) of this section; or

4 ~~(2)(B) For individuals with one (1) or more neoplastic~~  
 5 ~~polyps or adenomatous polyps, assuming that the initial colonoscopy was~~  
 6 ~~complete to the cecum and adequate preparation and removal of all visualized~~  
 7 ~~polyps, follow up is recommended in three (3) years~~ Any additional  
 8 noncolonoscopy preventive screening tests for colorectal cancer required by  
 9 the Secretary of the Department of Health in consultation with the University  
 10 of Arkansas for Medical Sciences and consistent with guidelines issued by the  
 11 United States Preventive Services Task Force;

12 ~~(3) If single tubular adenoma of less than one centimeter (1 cm)~~  
 13 ~~is found, follow up is recommended in five (5) years; and~~

14 ~~(4) For patients with large sessile adenomas greater than three~~  
 15 ~~centimeters (3 cm), especially if removed in piecemeal fashion, follow up is~~  
 16 ~~recommended in six (6) months or until complete polyp removal is verified by~~  
 17 ~~colonoscopy.~~

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 19 SECTION 4. Arkansas Code § 23-79-1204 is amended to read as follows:

20 23-79-1204. Exclusions and reductions – Benefits subject to annual  
 21 deductible and coinsurance.

22 (a) Except as provided in subsection (b) of this section and § 23-79-  
 23 1207, the coverage offered under § 23-79-1202 may contain any exclusions,  
 24 reductions, or other limitations approved by the Insurance Commissioner  
 25 concerning coverages, deductibles, or coinsurance provisions.

26 (b) The benefits provided in this subchapter ~~shall be~~ are subject to  
 27 the same annual deductible or coinsurance established for all other covered  
 28 benefits within a healthcare policy.

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 30 SECTION 5. Arkansas Code § 23-79-1207 is amended to read as follows:

31 23-79-1207. Cost-sharing.

32 (a) To encourage colorectal cancer screenings, patients and healthcare  
 33 providers ~~may not~~ shall not be required to meet burdensome criteria or  
 34 overcome significant obstacles to obtain coverage.

35 (b)(1) An individual shall not be required to pay an additional  
 36 deductible or coinsurance for testing that is greater than an annual

1 deductible or coinsurance established for similar benefits.

2 (2)(A) Beginning on and after January 1, 2022, a healthcare  
3 policy offered to an employee at the time of hiring or healthcare policy  
4 renewal shall not contain a cost-sharing requirement for a follow-up  
5 colonoscopy.

6 (B) A covered person shall not be subject to a deductible,  
7 coinsurance, or any other cost-sharing requirement for services received from  
8 participating providers under a healthcare policy following an abnormal  
9 noncolonoscopy screening test, as an initial screening test is not considered  
10 complete until a follow-up colonoscopy is performed.

11 (c) If the program or contract does not cover a similar benefit, a  
12 deductible or coinsurance ~~may not~~ shall not be set at a level that materially  
13 diminishes the value of the colorectal cancer benefit required under this  
14 subchapter.

15 (d) Reimbursement to healthcare providers for colorectal cancer  
16 screenings provided under this section shall be equal to or greater than  
17 reimbursement to healthcare providers under Medicare, Title XVII of the  
18 Social Security Act, 42 U.S.C. § 1395 et seq., as it existed on ~~January 1,~~  
19 ~~2005~~ January 1, 2021.

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21 SECTION 6. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on  
22 and after January 1, 2022.

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25 /s/Irvin  
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