

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

1 State of Arkansas
2 92nd General Assembly
3 Regular Session, 2019
4

As Engrossed: S3/25/19

A Bill

HOUSE BILL 1446

5 By: Representatives F. Allen, K. Ferguson, C. Fite, Burch, Fielding, M. Hodges, Nicks, Walker, Wooten
6 By: Senator Irvin
7

For An Act To Be Entitled

9 AN ACT TO UPDATE THE COLORECTAL CANCER PREVENTION,
10 EARLY DETECTION, AND TREATMENT ACT; AND FOR OTHER
11 PURPOSES.
12
13

Subtitle

15 TO UPDATE THE COLORECTAL CANCER
16 PREVENTION, EARLY DETECTION, AND
17 TREATMENT ACT.
18
19

20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
21

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

24 Subchapter 19 – ~~Colorectal Cancer Prevention, Early Detection, and Treatment~~
25 ~~Act~~ Arkansas Colorectal Cancer Screening Initiative Act
26

27 20-15-1901. Title.

28 This subchapter shall be known and may be cited as the “~~Colorectal~~
29 ~~Cancer Prevention, Early Detection, and Treatment Act~~ Arkansas Colorectal
30 Cancer Screening Initiative Act”.
31

32 20-15-1902. Findings.

33 (a) The General Assembly finds that:

34 (1)(A) ~~Colorectal cancer is~~ In 2015, colorectal cancer was the
35 second leading cause of cancer death in Arkansas.

36 (B) An estimated ~~one thousand six hundred thirty (1,630)~~



1 one thousand five hundred eighty-two (1,582) new cases of colorectal cancer
2 were diagnosed in Arkansas during ~~2009~~ 2015.

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

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

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

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

- 15 (i) Randolph;
- 16 (ii) Clay;
- 17 (iii) Mississippi;
- 18 (iv) Poinsett;
- 19 (v) Woodruff;
- 20 (vi) Cross;
- 21 (vii) Crittenden;
- 22 (viii) Lee;
- 23 (ix) Monroe;
- 24 (x) Arkansas;
- 25 (xi) Phillips;
- 26 (xii) Desha;
- 27 (xiii) Chicot;
- 28 (xiv) Drew;
- 29 (xv) Jefferson;
- 30 (xvi) Dallas; and
- 31 (xvii) Jackson;

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

35 (B) Currently, only ~~fifty-nine percent (59%)~~ sixty-five
36 percent (65%) of Arkansans who are at risk for colorectal cancer or who are

1 above fifty (50) years of age have been screened.

2 (C) On April 19, 2016, Governor Asa Hutchinson signed the
3 "80% by 2018" pledge dedicating his commitment to increase colorectal cancer
4 screenings to eighty percent (80%) by 2018.

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

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

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

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

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

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

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

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

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

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

34 (ii) A statewide screening program for underserved
35 individuals could reduce colorectal cancer incidence among screened
36 individuals by thirty-two percent (32%), reduce five-year mortality risk by

1 twenty-five percent (25%), and reduce colorectal cancer treatment costs by
2 fifty-four percent (54%).

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

5

6 20-15-1903. Definition.

7 As used in this subchapter, "high risk" means:

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

10 (A) The presence of one (1) or more polyps on a previous
11 colonoscopy, barium enema, or flexible sigmoidoscopy;

12 (B) Family history of colorectal cancer;

13 (C) Genetic alterations of hereditary nonpolyposis colon
14 cancer or familial adenomatous polyposis;

15 (D) Personal history of colorectal cancer, ulcerative
16 colitis, or Crohn's disease; or

17 (E) The presence of any appropriate recognized gene
18 markers for colorectal cancer or other predisposing factors; and

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

23

24 20-15-1904. ~~Program Initiative~~ Program Initiative for prevention of colorectal cancer.

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

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

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

36 (2) Funds shall not be used to supplant funds already available

1 for prevention, early detection, and treatment of colorectal cancer.

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

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

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

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

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

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

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

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

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

24 (f) The ~~program~~ initiative shall be implemented statewide.

25
26 20-15-1905. ~~Program Initiative~~ requirements.

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

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

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

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

34 (2) Provide appropriate case management and referrals for
35 medical treatment of individuals screened under the ~~program~~ initiative
36 created in this subchapter;

1 (3) Directly or through coordination or an arrangement with
2 healthcare providers or programs ensure the full continuum of follow-up and
3 cancer care for individuals screened in the ~~program~~ initiative, including
4 without limitation:

5 (A) Appropriate follow-up for abnormal ~~tests~~ test results;

6 (B) Diagnostic services;

7 (C) Therapeutic services; and

8 (D) Treatment of detected cancers and management of
9 unanticipated medical complications;

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

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

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

17 (A) The number of facilities in the state that provide
18 screening services in accordance with evidence-based screening guidelines and
19 procedures;

20 (B) Physicians, including family practitioners,
21 gastroenterologists, and surgical endoscopists who perform colonoscopies in
22 the state and the regions of the state in which the physicians practice;

23 (C) Differences in cost across facilities as compared to
24 Medicare payment for procedures; and

25 (D) Available resources for follow-up diagnostics and
26 treatment as needed;

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

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

33 (A) High-risk populations;

34 (B) Target populations; and

35 (C) The uninsured and underinsured;

36 (9) Develop provider-oriented programs to promote routine

1 implementation of screening guidelines and patient-oriented programs to
 2 increase utilization of screening and diagnostic services; and

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

5
 6 ~~20 15 1906. Colorectal Cancer Prevention, Early Detection, and~~
 7 ~~Treatment Advisory Committee.~~

8 ~~(a) There is created a Colorectal Cancer Prevention, Early Detection,~~
 9 ~~and Treatment Advisory Committee to advise the Director of the Department of~~
 10 ~~Health on matters of concern under this subchapter.~~

11 ~~(b) The director shall appoint:~~

12 ~~(1) One (1) member to represent the Department of Health;~~

13 ~~(2) One (1) member to represent the target population of this~~
 14 ~~subchapter;~~

15 ~~(3) One (1) member who specializes in primary care or~~
 16 ~~gastrointestinal medicine to represent the Arkansas Medical Society, Inc.;~~

17 ~~(4) One (1) member who specializes in primary care or~~
 18 ~~gastrointestinal medicine to represent the Arkansas Medical, Dental and~~
 19 ~~Pharmaceutical Association;~~

20 ~~(5) One (1) member who is a surgical oncologist physician;~~

21 ~~(6) One (1) member who is a radiation oncologist physician;~~

22 ~~(7) One (1) member to represent the Arkansas Nurses Association;~~

23 ~~(8) One (1) member who is a behavioral health scientist;~~

24 ~~(9) One (1) member who is a medical oncologist physician;~~

25 ~~(10) One (1) member to represent the area health education~~
 26 ~~centers;~~

27 ~~(11) One (1) member who is a colorectal cancer survivor;~~

28 ~~(12) One (1) member to represent the American Cancer Society;~~

29 ~~(13) One (1) member to represent the Community Health Centers of~~
 30 ~~Arkansas, Inc.; and~~

31 ~~(14) One (1) member selected from the Arkansas Minority Health~~
 32 ~~Commission.~~

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

35 ~~(d) Terms of committee members shall be three (3) years except for the~~
 36 ~~initial members whose terms shall be determined by lot so as to stagger terms~~

1 ~~to equalize as nearly as possible the number of members to be appointed each~~
2 ~~year.~~

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

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

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

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

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

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

16

17 ~~20-15-1907. Colorectal Cancer Research Program.~~

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

22 ~~(b) The program may conduct without limitation:~~

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

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

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

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

35

36 ~~20-15-1908. Oversight Committee on Colorectal Cancer Research.~~

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

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

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

10 ~~(1) One (1) member to represent the Arkansas Medical Society,~~
11 ~~Ine.;~~

12 ~~(2) One (1) member to represent the Arkansas Hospital~~
13 ~~Association, Ine.;~~

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

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

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

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

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

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

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

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

32
33
34 /s/F. Allen
35
36