

Hall of the House of Representatives
85th General Assembly - Regular Session, 2005
Amendment Form

Subtitle of House Bill No. 2781

"THE COLORECTAL CANCER ACT OF 2005."

Amendment No. 1 to House Bill No. 2781.

Amend House Bill No. 2781 as originally introduced:

Page 1, delete line 27 through 36 and substitute the following:

"(1) Colorectal cancer is a significant threat to the health of Arkansas residents;

(2) Colorectal cancer is more likely to occur as people get older. More than ninety percent (90%) of people with this disease are diagnosed after age fifty (50);

(3) In Arkansas, it is estimated that one thousand six hundred thirty (1,630) new cases of cancer of the colon and rectum will occur in 2005;

(4) Colorectal cancer exacts an enormous economic toll on our society in direct medical costs and indirect costs, such as lost work due to illness and shortened lives among experienced workers;

(5) Colorectal cancer is largely preventable; and

(6) Screening for colorectal cancer can identify the precursors of cancer before the disease begins and the precursors can be removed, thus preventing the emergence of any colorectal cancer.

(b) This subchapter is intended to reduce the physical and economic burden of colorectal cancer in Arkansas by supporting research and cancer control activities."

Page 2, delete lines 1 through 36

AND

Page 3, delete lines 1 through 36

AND

Page 4, delete lines 1 through 35 and substitute the following:

"20-15-1703. Colorectal Cancer Control and Research Program -- Demonstration Project.

(a) There is established within the Arkansas Cancer Research Center at



the University of Arkansas for Medical Sciences in collaboration with the Department of Health a Colorectal Cancer Control and Research Program.

(b)(1) The first phase of this program shall be the Colorectal Cancer Control Demonstration Project.

(2) The goal of the demonstration project is to:

(A) Assess the resources in this state that will enable Arkansas residents to obtain colorectal screening examinations and laboratory tests, to include a fecal occult blood test, double contrast barium enema, flexible sigmoidoscopy, and colonoscopy; and

(B) Plan and implement an educational and screening intervention program.

(c) The demonstration project shall be established at the Arkansas Cancer Research Center at the University of Arkansas for Medical Sciences and shall consist of the following:

(1) An assessment will be made to:

(A) Identify the number of facilities in the state that provide double contrast barium enema, flexible sigmoidoscopy, and colonoscopy;

(B) Identify physicians, including family practioners, gastroenterologists, and surgical endoscopists who perform colonoscopy in the state and the regions of the state in which they practice;

(C) Evaluate differences in cost across facilities as compared to Medicare payment for procedures; and

(D) Identify and evaluate available resources for follow-up diagnostics and treatment as needed;

(2)(A) Education and screening intervention to demonstrate the effectiveness of providing education and access to screening in order to increase the number of Arkansas residents who obtain screening.

(B)(i) The education and screening intervention segment of the demonstration project will enroll Arkansas residents over fifty (50) years of age from multiple sites who are identified as having the highest colorectal cancer incidence and mortality in each of the five (5) regions of the state through the Department of Health's Hometown Health Initiative.

(ii) The number of individuals to be enrolled shall be determined by the extent of funding available.

(iii) The project segment will study three (3) approaches to education and screening as follows:

(a) Provision of an educational intervention designed to teach the individual about the need to seek screening;

(b) Provision of access to screening with no educational intervention; and

(c) Provision of educational intervention and access together.

(iv)(a) Access to screening may include payment vouchers for those patients determined to be underinsured or uninsured.

(b) The vouchers shall be redeemable by project participants for screening services obtained through participating physicians in each of the five (5) regions; and

(3)(A) Evaluation at the end of the demonstration period by project leaders to identify the program's effectiveness in increasing the number of individuals who obtained screening for colorectal cancer.

(B) The program evaluation information, coupled with the

results of the assessment of screening resources in this state, will help to establish strategies for meeting the long-term goal under subsection (d) of this section.

(d)(1) The Colorectal Cancer Control and Research Program will build on the results of the demonstration program to meet the long-term goal of the program.

(2) The long-term goal of the Colorectal Cancer Control and Research Program is to reduce the physical and economic burden of colorectal cancer in this state by:

(A) Supporting research efforts into the cause, cure, treatment, early detection, and prevention of colorectal cancer and the survivorship of individuals diagnosed with colorectal cancer;

(B) Supporting research and educational activities that will inform the public of the value of colorectal cancer screening and will result in improved methods to promote screening and early detection;

(C) Supporting policy research to review and analyze long-term successes and future opportunities for reducing the burden of colorectal cancer through legislation;

(D) Providing for the full continuum of care, prevention, early detection, diagnosis, treatment, and cure of colorectal cancer; and

(E) Requiring providers to offer a wide range of colorectal cancer screening options.

(e)(1) The program shall provide for the full continuum of care,"

AND

Page 5, line 25, delete "(2)" and substitute "(2)(A)"

AND

Page 5, delete line 26 and substitute the following:

"(i) An individual or group health insurance policy"

AND

Page 5, delete line 28 and substitute the following:

"(ii) An individual or group service or indemnity type"

AND

Page 5, delete line 30 and substitute the following:

"(iii) An individual or group service contract issued by a"

AND

Page 5, delete line 32 and substitute the following:

"(iv) A group accident and sickness insurance policy issued"

AND

Page 5, delete line 36 and substitute the following:

"(v) A policy issued by or in connection with:"

AND

Page 6, delete line 1 and substitute the following:

"(a) The Arkansas medical assistance program and its"

AND

Page 6, delete line 4 and substitute the following:

"(b) The state employees' and public school"

AND

Page 6, delete line 6 and substitute the following:

"(c) A self-insured group arrangement to the extent"

AND

Page 6, delete lines 8 and 9 and substitute the following:

"(d) A managed health care delivery entity of any type or description.

(B) "Health care policy" does not include an accident-only, specified disease, hospital indemnity, Medicare supplement, long-term care, disability income, or other limited benefit health insurance policy; and"

AND

Page 6, delete lines 11 through 18 and substitute the following:

"(A) Individuals over fifty (50) years of age or who face a high risk for colorectal cancer because of:

(i) The presence of polyps on a previous colonoscopy, barium enema, or flexible sigmoidoscopy;

(ii) Family history of colorectal cancer in close relatives of parents, brothers, sisters, or children;

(iii) Genetic alterations of hereditary nonpolyposis colon cancer or familial adenomatous polyposis;

(iv) Personal history of colorectal cancer, ulcerative colitis, or Crohn's disease; or"

AND

Page 6, line 19, delete "(iv)" and substitute "(v)"

AND

Page 7, line 2, delete "symptoms" and substitute "the following symptoms"

AND

Page 7, delete, line 4 and substitute the following:

"Act, §§ 17-95-201 et seq., 17-95-301 et seq., and 17-95-401 et seq.:

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

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

constipation, or narrowing of the stool, that lasts more than five (5) days."

AND

Page 7, delete lines 10 through 16 and substitute the following:

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

(A) The following examinations or laboratory tests, or

both:

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

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

(iii) A colonoscopy every ten (10) years; and"

AND

Page 7, line 17, delete "(D)" and substitute "(B)"

AND

On Page 7, delete lines 22 through 26 and substitute the following:

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

(e) Screenings shall be limited to the following guidelines for the management or subsequent need for follow-up colonoscopy:

(1) If the initial colonoscopy is normal follow-up is recommended in ten (10) years;

(2) For individuals with one (1) or more neoplastic polyps, adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps follow-up is recommended in three (3) years;

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

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

The Amendment was read _____

By: Representative Elliott

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Chief Clerk