ARKANSAS SENATE

93rd General Assembly - Regular Session, 2021

Amendment Form

Subtitle of Senate Bill No. 309

TO AMEND THE REQUIREMENTS FOR COVERAGE FOR COLORECTAL CANCER SCREENING.

Amendment No. 1 to Senate Bill 309

Amend Senate Bill No. 309 as originally introduced:

Page 1, delete lines 27 and 28, and substitute the following:

"(i) The presence of one (1) or more adenomatous
polyps on a previous colonoscopy; barium enema, or flexible sigmoidoscopy;"

AND

- Page 2, delete lines 16 through 18, and substitute the following: "SECTION 3. Arkansas Code § 23-79-1202 is amended to read as follows: 23-79-1202. Coverage Applicability.
- (a) A healthcare policy subject to this subchapter executed, delivered, issued for delivery, continued, or renewed in this state on or after August 1, 2005, shall include colorectal cancer examinations and laboratory tests within the healthcare policy's coverage."

AND

Page 2, delete lines 23 through 25, and substitute the following:

"(2) Covered persons who are less than fifty (50) forty-five

(45) years of age and at high risk for colorectal cancer according to

American Cancer Society colorectal cancer screening guidelines as they existed on"

AND

- Page 2, delete line 35, and substitute the following:

 "(C) The need for a follow-up colonoscopy.
- (c) After August 1, 2005, each employer that offers a healthcare policy to employees shall offer all eligible employees at the time of hiring or healthcare policy renewal a healthcare policy that includes colorectal cancer examinations and laboratory tests within the coverage of the employee's healthcare policy.



- (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 high-sensitivity stool-based test or structural and visual exam, as recommended by the American Cancer Society, including 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 A high-sensitivity guaiac-based fecal occult blood test annually; or

 (iii) A multitarget stool deoxyribonucleic acid test

 every three (3) years;
 - (iv) A colonoscopy every ten (10) years; and
 (v) A computed tomography scan every five (5) years;

or

(vi) Any new colorectal cancer screening tests or

exams; and

- (B) Any additional medically recognized screening tests for colorectal cancer required by the Secretary of the Department of Health, determined in consultation with appropriate healthcare organizations.
- (2) The covered person shall determine the choice of screening strategies in consultation with a healthcare provider.
- (3) Colorectal screening examinations shall be according to the choices and frequency provided by this subsection for all other covered persons.
- (e) $\underline{(1)}$ Screenings shall be limited to the following guidelines for the management or subsequent need for follow-up colonoscopy.
- (2) The guidelines described in subdivision (e)(1) of this section shall include a guideline stating that if a healthcare policy provides coverage to a resident of this state, then the healthcare policy shall not impose any cost-sharing requirements for:
- (1)(A) If the initial colonoscopy is normal, follow up is recommended in ten (10) years A colonoscopy performed as a result of a positive result on a noncolonoscopy preventive screening test as described in subdivision (d)(1) of this section; or
- (2)(B) For individuals with one (1) or more neoplastic polyps or 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 Any additional noncolonoscopy preventive screening tests for colorectal cancer required by the secretary in consultation with appropriate healthcare organizations;
- (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."

AND

Page 3, delete line 17, and substitute the following:	
"(b) <u>(1)</u> An"	
The Amendment was read the first time, rules suspended and read the second time and	· · · · · · · · · · · · · · · · · · ·
By: Senator Irvin	
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ANS252	Secretary