

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 83rd General Assembly  
3 Regular Session, 2001

# A Bill

HOUSE BILL 1551

4  
5 By: Representatives C. Johnson, Bennett, Bradford, Clemons, Eason, J. Elliott, Glover, Lewellen, M.  
6 Smith, T. Steele, J. Taylor, Thomas, W. Walker, White

## For An Act To Be Entitled

11 AN ACT TO ESTABLISH A PROGRAM TO RAISE AWARENESS  
12 CONCERNING PROSTATE AND TESTICULAR CANCER; TO INCREASE  
13 THE AVAILABILITY OF DIAGNOSIS AND TREATMENT OF  
14 PROSTATE AND TESTICULAR CANCER; AND FOR OTHER PURPOSES.

## Subtitle

17 TO ESTABLISH A PROGRAM TO RAISE  
18 AWARENESS CONCERNING PROSTATE AND  
19 TESTICULAR CANCER AND TO INCREASE THE  
20 AVAILABILITY OF DIAGNOSIS AND TREATMENT  
21 OF PROSTATE AND TESTICULAR CANCER.

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23  
24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

25  
26 SECTION 1. The General Assembly finds:

27 (1) Prostate cancer is the most common cancer and the second  
28 leading cause of cancer death among men, causing approximately one hundred  
29 eighty-four thousand five hundred (184,500) new cases and approximately  
30 thirty-nine thousand two hundred (39,200) deaths in the United States  
31 annually. This means that approximately two thousand four hundred (2,400)  
32 Arkansas men will develop prostate cancer in any year and approximately five  
33 hundred (500) men will die of it.

34 (2) The elderly male population and rural nature of Arkansas  
35 combine to make prostate cancer a greater problem here than in most states.  
36 Prostate cancer is rarely diagnosed in men younger than fifty (50) years of

1 age and the rate of prostate cancer increases faster with age than does any  
2 other malignancy. The median age of diagnosis is seventy-two (72) years of  
3 age. Men living in rural areas are diagnosed with higher stage prostate  
4 cancer than men living in urban areas.

5 (3) In the United States, African-American men face a far greater  
6 risk from prostate cancer than do white men. White American men will contract  
7 prostate cancer at a rate of 147.3 per 100,000; African-American men will  
8 contract prostate cancer at a rate of 222.9 per 100,000. White American men  
9 will suffer 23.7 deaths per 100,000 from prostate cancer each year, while  
10 African-American men will suffer 54.8 deaths per 100,000.

11 (4) In Arkansas, twenty-seven percent (27%) of African-American  
12 men are over the age of forty (40) and forty-seven percent (47%) live in rural  
13 areas. African-American men are less likely to participate in screening than  
14 men in other subpopulations. Only forty-two percent (42%) of African-American  
15 men aged fifty (50) to seventy (70) years have undergone digital rectal  
16 examination in their lifetime, versus fifty-nine percent (59%) of white men in  
17 the same age range.

18 (5) Men who have prostate cancer detected in the earlier stages  
19 have significantly better five-year survival rates, ninety-four percent (94%),  
20 compared to those man who have their cancer diagnosed in advanced stages,  
21 thirty percent (30%). Despite this positive statistical finding, wide-spread  
22 prostate cancer screening remains controversial because of the variability of  
23 the growth of the disease, the slow-growing nature of many prostate cancers,  
24 the limited accuracy of screening tests and the significant side effects of  
25 treatment.

26 (6) About seven thousand (7,000) American men were expected to  
27 get testicular cancer in 2001, with an estimated three hundred twenty-five  
28 (325) deaths. Compared with prostate cancer, testicular cancer is relatively  
29 rare. However, in men aged 15 to 34, it ranks as the most common cancer. For  
30 unknown reasons, the disease is about four times more common in white men than  
31 in African-American men.

32 (7) Only fifteen (15) years ago, a diagnosis of testicular cancer  
33 was grim news. Ten (10) times as many patients died then as now. But dramatic  
34 advances in therapeutic drugs in the last two (2) decades, along with improved  
35 diagnostics and better tests to gauge the extent of the disease, have boosted  
36 survival rates remarkably. Now, testicular cancer often is completely curable,

1 especially if found and treated early. About seventy percent (70%) of men  
 2 with advanced testicular cancer can be cured, according to the National Cancer  
 3 Institute.

4 (8) Advocates of screening hope to save the lives of thousands of  
 5 men dying of prostate and testicular cancer. Opponents to screening fear that  
 6 needless suffering will result from the treatment of men with occult disease  
 7 who are not destined to develop clinical symptoms.

8 (9) The high death rates from this prostate cancer in African-  
 9 American men suggests a need for special attention to reduce this mortality  
 10 rate.

11 (10) The State of Arkansas should take the lead in combating  
 12 prostate and testicular cancer because of our male population's  
 13 characteristics and the high risk of prostate and testicular cancer.

14  
 15 SECTION 2. (a) The Department of Health shall provide for the early  
 16 detection, diagnosis, and treatment of prostate and testicular cancer,  
 17 according to the following principles:

18 (1) The department shall provide for prostate and testicular  
 19 cancer education and awareness so as to ensure early detection and conduct  
 20 surveillance activities across the state;

21 (2) The department shall provide screening of men for prostate  
 22 and testicular cancer as an early detection health care measure;

23 (3) After screening, the department shall provide medical  
 24 referrals and financial assistance for services necessary for definitive  
 25 diagnosis, including nonradiological techniques and biopsy; and

26 (4) If a department diagnosis is made, the program shall provide  
 27 the necessary advocacy and financial assistance to help the person obtain  
 28 necessary treatment.

29 (b) The Department of Health shall coordinate with other agencies and  
 30 organizations, including the Oversight Committee on Prostate Cancer, as funds  
 31 become available to establish, promote, and maintain a prostate and testicular  
 32 cancer prevention and treatment education program in order to raise public  
 33 awareness, educate consumers, and educate and train health professionals and  
 34 service providers.

35 (c) For purposes of administering this act, the Director of the  
 36 Department of Health shall do all of the following:

1 (1) Identify the appropriate entities to carry out a prostate and  
2 testicular cancer prevention and treatment education program;

3 (2) Work to improve the capacity of community-based services to  
4 prostate and testicular cancer patients;

5 (3) Work with governmental offices, community and business  
6 leaders, community organizations, health care and human service providers, the  
7 Oversight Committee on Prostate Cancer, and national prostate and testicular  
8 cancer organizations to coordinate efforts and maximize state resources in the  
9 areas of prevention, education, and treatment of prostate and testicular  
10 cancer; and

11 (4) Identify and, as funds become available, replicate or use  
12 successful prostate and testicular cancer programs and procure related  
13 materials and services from organizations with appropriate expertise and  
14 knowledge of prostate and testicular cancer.

15 (d) The Department of Health shall use, as funds become available, the  
16 following strategies for raising public awareness on the causes and nature of  
17 prostate and testicular cancer, personal risk factors, value of prevention and  
18 early detection, and options for diagnosing and treating the disease:

19 (1) An outreach campaign utilizing print, radio, and television  
20 public service announcements, advertisements, posters, and other materials;

21 (2) Providing health information and risk factor assessment in  
22 regard to prostate and testicular cancer at public events;

23 (3) Targeting populations at risk for prostate and testicular  
24 cancer, with special attention to African-Americans and to rural areas of this  
25 state;

26 (4) Providing reliable information about prostate and testicular  
27 cancer to policy makers;

28 (5) Distributing information through county health departments,  
29 schools, area agencies on aging, employer wellness programs, physicians,  
30 hospitals and health maintenance organizations, men's groups, nonprofit  
31 organizations, community-based organizations, life or disability insurance  
32 companies, fraternal benefit societies, nonprofit health service corporations,  
33 nonprofit hospital service corporations, nonprofit medical service  
34 corporations, prepaid health plans, health maintenance organizations, or long-  
35 term care plans and all similar type organizations; and

36 (6) Any other strategy for raising public awareness about

1 prostate and testicular cancer that is consistent with the provisions of this  
2 subchapter.

3 (e) The Department of Health shall use, as funds become available, the  
4 following strategies for educating and training physicians, health  
5 professionals, and community service providers in regard to the most up-to-  
6 date, accurate scientific and medical information on prostate and testicular  
7 cancer prevention, diagnosis and treatment, therapeutic decision-making about  
8 prostate and testicular cancer, guidelines for detecting and treating prostate  
9 and testicular cancer in special populations, and risks and benefits of  
10 medications and research advances:

11 (1) Identify and obtain education materials for the professional  
12 health care provider which translates the latest scientific and medical  
13 information into clinical applications;

14 (2) Raise awareness among professional health care providers as  
15 to the importance of prostate and testicular cancer prevention, early  
16 detection, treatment, and rehabilitation; and

17 (3) Provide workshops and seminars for in-depth professional  
18 development in the field of the care and management of the patient with  
19 prostate and testicular cancer.

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