

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
4

As Engrossed: H3/21/01

A Bill

HOUSE BILL 2508

5 By: Representatives C. Johnson, Bennett, Bradford, Clemons, Eason, J. Elliott, Glover, Lewellen, M.
6 Smith, T. Steele, J. Taylor, W. Walker, White
7

For An Act To Be Entitled

10 TO ESTABLISH A PROGRAM TO RAISE AWARENESS
11 CONCERNING PROSTATE AND TESTICULAR CANCER AND TO
12 INCREASE THE AVAILABILITY OF DIAGNOSIS AND
13 TREATMENT OF PROSTATE AND TESTICULAR CANCER; AND
14 FOR OTHER PURPOSES.
15

Subtitle

16 TO ESTABLISH A PROGRAM TO RAISE
17 AWARENESS CONCERNING PROSTATE AND
18 TESTICULAR CANCER AND TO INCREASE THE
19 AVAILABILITY OF DIAGNOSIS AND TREATMENT
20 OF PROSTATE AND TESTICULAR CANCER.
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24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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26 SECTION 1. Arkansas Code 20-15-1602 is amended to read as follows:

27 20-15-1602. Legislative findings.

28 (a) The General Assembly finds that:

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

36 (2) The elderly population and rural nature of Arkansas combine

1 to make prostate cancer a greater problem here than in most states. Prostate
2 cancer is rarely diagnosed in men younger than fifty (50) years of age and
3 the rate of prostate cancer increases faster with age than does any other
4 malignancy. The median age of diagnosis is seventy-two (72) years. Men living
5 in rural areas are diagnosed with higher-stage prostate cancer than men
6 living in urban areas;

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

14 ~~(3)~~(4) In Arkansas, twenty-seven percent (27%) of African-
15 American men are over the age of forty (40), and forty-seven percent (47%)
16 live in rural areas. African-American men are less likely to participate in
17 screening than men in other subpopulations, despite the fact that they have
18 an increased risk. Only forty-two percent (42%) of African-American men aged
19 fifty (50) to seventy (70) years have undergone digital rectal examinations
20 in their lifetimes, versus fifty-nine percent (59%) of white men in the same
21 age range;

22 ~~(4)~~(5) Men who have prostate cancer detected in the earlier
23 stages have significantly better five-year survival rates of ninety-four
24 percent (94%), compared to those men who have their cancer diagnosed in
25 advanced states, thirty percent (30%). Despite this positive statistical
26 finding, widespread prostate cancer screening remains controversial because
27 of the variability of the growth of the disease, the slow-growing nature of
28 many prostate cancers, the limited accuracy of screening tests, and the
29 significant side effects of treatment;

30 (6) About seven thousand (7,000) Americans were expected to get
31 testicular cancer in 2001, with an estimated three hundred twenty-five (325)
32 deaths. Compared with prostate cancer, testicular cancer is relatively rare.
33 However, in men aged fifteen (15) to thirty-four (34), it ranks as the most
34 common cancer. For unknown reasons, the disease is about four (4) times more
35 common in white men than in African-American men.

36 (7) Only fifteen (15) years ago, a diagnosis of testicular

1 cancer was grim news. Ten (10) times as many patients died then as now. But
 2 dramatic advances in therapeutic drugs in the last two (2) decades, along
 3 with improved diagnostics and better tests to gauge the extent of the
 4 disease, have boosted survival rates remarkably. Now, testicular cancer often
 5 is completely curable, especially if found and treated early. About seventy
 6 percent (70%) of men with advanced testicular cancer can be cured, according
 7 to the National Cancer Institute.

8 ~~(5)~~(8) Advocates of screening hope to save the lives of
 9 thousands of men dying of prostate cancer. Opponents of screening fear that
 10 needless suffering will result from the treatment of men with occult disease
 11 who are not destined to develop clinical symptoms;

12 ~~(6)~~(9) The high death rate from ~~this disease~~ prostate cancer in
 13 African-Americans suggests a need for special attention to reduce this
 14 mortality rate. In November 1997, the American Cancer Society, the National
 15 Cancer Institute, and the Centers for Disease Control and Prevention
 16 sponsored a leadership conference on prostate cancer. The resulting Prostate
 17 Cancer National Blueprint for Action calls for (1) research in basic and
 18 behavioral science, (2) health promotion and education based on science, (3)
 19 education and support for patients, and (4) public policy action. The
 20 blueprint also recommends that primary care practitioners be educated to
 21 interact with patients and participate in discussions that will lead to
 22 informed decisions; and

23 ~~(7)~~(10) The State of Arkansas should take the lead in ~~combating~~
 24 combating prostate and testicular cancer because of our population's
 25 characteristics and the high risk of prostate and testicular cancer.

26 (b)(1) It is the intent of the General Assembly in enacting this
 27 subchapter to fund ~~essential research with respect to the cause, cure,~~
 28 ~~detection, and prevention of~~ services with respect to large-population
 29 screening for prostate and testicular cancer, and to provide educational
 30 services to the men of Arkansas regarding prostate and testicular cancer, ~~and~~
 31 ~~to evaluate large population screening for prostate cancer.~~

32 (2) At least fifty percent (50%) of all funding available to
 33 administer this subchapter shall be used to provide for the early detection,
 34 diagnosis, or treatment of prostate and testicular cancer and for prostate
 35 and testicular cancer education and awareness.

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1 SECTION 2. Arkansas Code 20-15-1603 is amended to read as follows:
 2 20-15-1603. Oversight Committee on Prostate and Testicular Cancer.

3 (a) The Oversight Committee on Prostate and Testicular Cancer is
 4 ~~created-~~ and The committee shall be composed of seven (7) members- as
 5 follows:

6 (1) One (1) individual from the private medical community who
 7 shall be a practicing urologist, a practicing radiation therapist or a
 8 practicing medical oncologist;

9 (2) One (1) faculty member from the Arkansas Cancer Research
 10 Center of the University of Arkansas for Medical Sciences;

11 (3) One (1) representative from the American Cancer Society;

12 (4) One (1) public health educator;

13 (5) The Director of the Department of Health or the director's
 14 designee; and

15 (6) Two (2) men's advocates, one (1) of whom shall be a survivor
 16 of prostate or testicular cancer and one (1) of whom shall be a
 17 representative of the Arkansas Prostate Cancer Foundation.

18 (b) The Governor shall appoint the members, subject to confirmation by
 19 the Senate.

20 (c) No more than two (2) of the members shall be appointed from any
 21 one (1) of the four (4) congressional districts of the state.

22 (d) The members of the committee shall serve for terms of four (4)
 23 years, except that the initial members shall draw lots to result in:

24 ~~(i)~~(1) Two (2) to serve until January 1, ~~2002~~ 2004;

25 ~~(ii)~~(2) Two (2) to serve until January 1, ~~2003~~ 2005; and

26 ~~(iii)~~(3) Three (3) to serve until January 1, ~~2004~~ 2006.

27 (e) The Chancellor of the University of Arkansas for Medical Sciences,
 28 with the concurrence of the committee, shall designate one (1) of the
 29 committee members as the chairman.

30 (f) In case of a vacancy occurring in any of said offices by death,
 31 resignation, or otherwise, the Governor shall fill said office by appointment
 32 for the unexpired term, subject to confirmation by the Senate.

33 (g) A quorum of the committee shall consist of four (4) members.

34 (h) Members of the committee shall not be entitled to compensation for
 35 their services but shall be eligible to receive reimbursement for mileage and
 36 reimbursement for expenses in accordance with § 25-16-902.

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SECTION 3. Arkansas Code 20-15-1604 is amended to read as follows:

20-15-1604. Powers and duties of the Oversight Committee on Prostate and Testicular Cancer.

(a) The Oversight Committee on Prostate and Testicular Cancer shall, subject to the availability of funding:

(1) Provide for the early detection, diagnosis, and treatment of prostate and testicular cancer according to the following principles:

(A) Prostate and testicular cancer education and awareness will help to ensure early detection and to conduct surveillance activities across the state;

(B)(i) Screening of men for prostate and testicular cancer will act as an early detection health care measure;

(ii) After screening, medical referrals and financial assistance will help to ensure access to services necessary for definitive diagnosis, including nonradiological techniques and biopsy; and

(iii) If a positive diagnosis is made, necessary advocacy and financial assistance will help the person obtain necessary treatment;

~~*(1)(2)*~~ *Financially support research efforts into the cause, cure, prevention, detection, and treatment of prostate and testicular cancer;*

~~*(2)(3)*~~ *Develop, formulate, and distribute information related to prostate and testicular cancer, including guidelines for detection, treatment, and overall management;*

~~*(3)(4)*~~ *Coordinate a large-scale screening program in Arkansas to gather data regarding the validity of such a program and then expand the screening program if it proves to be valuable;*

~~*(4)(5)*~~ *Fund innovative biomedical and behavioral research with emphasis on complementing existing research efforts rather than duplicating research already funded by the federal government or other entities; and*

~~*(5)(6)*~~ *Fund endowed academic chairs, professorships, symposia, and other special projects related to prostate and testicular cancer.*

(b)(1) All research, public education, professional education, and treatment grants pertaining to prostate cancer shall be awarded on the basis of the priorities established for the program and the scientific and social merit of the proposed research as determined by a peer review process

1 governed by the committee.

2 (2) The peer review process for the selection of research grants
3 awarded under this program shall be generally modeled on that used by the
4 National Institutes of Health in its grant-making process.

5 (c) Recipients of Arkansas State Cancer Program support may include
6 not-for-profit organizations, including public and private groups in the
7 community and higher education.

8 (d) Awardees may be awarded grants for the full or partial cost of
9 *conducting sponsored research grants and contracts.*

10 (e) The committee shall coordinate with other agencies and
11 organizations, including the Department of Health, as funds become available,
12 to establish, promote, and maintain a prostate and testicular cancer
13 prevention and treatment education program to raise public awareness, educate
14 consumers, and educate and train health professionals and service providers.

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/s/ C. Johnson, et al.