

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 85th General Assembly  
3 Regular Session, 2005  
4

As Engrossed: H4/1/05  
**A Bill**

HOUSE BILL 2781

5 By: Representative Elliott  
6 By: Senators Steele, Critcher, Whitaker  
7

8  
9 **For An Act To Be Entitled**

10 THE COLORECTAL CANCER ACT OF 2005; AND FOR OTHER  
11 PURPOSES.  
12

13 **Subtitle**

14 THE COLORECTAL CANCER ACT OF 2005.  
15  
16

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
18

19 SECTION 1. Arkansas Code Title 20, Chapter 15, is amended to add an  
20 additional subchapter to read as follows:

21 20-15-1701. Title.

22 This subchapter shall be known and may be cited as the "Colorectal  
23 Cancer Act of 2005".  
24

25 20-15-1702. Findings and purpose.

26 (a) The General Assembly finds that:

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

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

32 (3) In Arkansas, it is estimated that one thousand six hundred  
33 thirty (1,630) new cases of cancer of the colon and rectum will occur in  
34 2005;

35 (4) Colorectal cancer exacts an enormous economic toll on our  
36 society in direct medical costs and indirect costs, such as lost work due to



1 illness and shortened lives among experienced workers;

2 (5) Colorectal cancer is largely preventable; and

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

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

9 20-15-1703. Colorectal Cancer Control and Research Program --  
10 Demonstration Project.

11 (a) There is established within the Arkansas Cancer Research Center at  
12 the University of Arkansas for Medical Sciences in collaboration with the  
13 Department of Health a Colorectal Cancer Control and Research Program.

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

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

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

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

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

26 (1) An assessment will be made to:

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

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

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

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

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

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

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

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

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

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

17           (c) Provision of educational intervention and  
18 access together.

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

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

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

27           (B) The program evaluation information, coupled with the  
28 results of the assessment of screening resources in this state, will help to  
29 establish strategies for meeting the long-term goal under subsection (d) of  
30 this section.

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

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

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

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

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

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

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

14                  (e)(1) The program shall provide for the full continuum of care,  
15 prevention, early detection, diagnosis, treatment, cure of colorectal  
16 cancer, and survivorship.

17                  (2) The program shall be administered to provide:

18                  (A) Colorectal cancer education and awareness to promote  
19 prevention and early detection;

20                  (B) Colorectal cancer surveillance activities across the  
21 state;

22                  (C) Screening for colorectal cancer with special focus on  
23 persons fifty (50) years of age and older and persons at high risk for  
24 colorectal cancer;

25                  (D) After-screening, medical referrals, and financial  
26 assistance for services necessary to follow up abnormal screening exams;

27                  (E) Necessary advocacy and financial assistance to ensure  
28 the persons obtain necessary treatment if a positive diagnosis is made; and

29                  (F) Obtain information from health care insurers and  
30 providers concerning the extent of colorectal cancer screening, treatment,  
31 and insurance coverage.

32  
33                  SECTION 2. Arkansas Code Title 23, Chapter 79, is amended to add an  
34 additional subchapter to read as follows:

35                  23-79-1101. Definitions.

36                  As used in this subchapter:

1           (1) "Covered person" means a person who is and continues to  
2 remain eligible for coverage under a health care policy and is covered under  
3 a health care policy;

4           (2)(A) "Health care policy" means:

5                   (i) An individual or group health insurance policy  
6 providing coverage on an expense-incurred basis;

7                   (ii) An individual or group service or indemnity type  
8 contract issued by a nonprofit corporation;

9                   (iii) An individual or group service contract issued by a  
10 health maintenance organization;

11                   (iv) A group accident and sickness insurance policy issued  
12 by a fraternal benefit society, a nonprofit hospital service corporation, a  
13 nonprofit medical service corporation, a group health care plan, a health  
14 maintenance organization, or any similar entity; and

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

16                           (a) The Arkansas medical assistance program and its  
17 contracted insurers, whether providing services on a managed-care or fee-for-  
18 service basis;

19                           (b) The state employees' and public school teachers'  
20 health insurance programs;

21                           (c) A self-insured group arrangement to the extent  
22 not preempted by federal law; and

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

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

29           (3) "Persons at high risk for colorectal cancer" means:

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

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

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

36                           (iii) Genetic alterations of hereditary nonpolyposis

1 colon cancer or familial adenomatous polyposis;

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

4 (v) The presence of any appropriate recognized gene  
5 markers for colorectal cancer or other predisposing factors; and

6 (B) Any additional or expanded definition of "persons at  
7 high risk for colorectal cancer" as recognized by medical science and  
8 determined by the Director of the Department of Health in consultation with  
9 the University of Arkansas for Medical Sciences.

10  
11 23-79-1102. Coverage - Applicability.

12 (a) A health care policy subject to this subchapter executed,  
13 delivered, issued for delivery, continued, or renewed in this state on or  
14 after August 1, 2005, shall include colorectal cancer examinations and  
15 laboratory tests within the policy's coverage.

16 (b) The coverage shall include colorectal cancer examinations and  
17 laboratory tests for:

18 (1) Covered persons who are fifty (50) years of age or older;

19 (2) Covered persons who are less than fifty (50) years of age  
20 and at high risk for colorectal cancer according to American Cancer Society  
21 colorectal cancer screening guidelines as they existed on January 1, 2005;  
22 and

23 (3) Covered persons experiencing the following symptoms of  
24 colorectal cancer as determined by a physician licensed under the Arkansas  
25 Medical Practices Act, §§ 17-95-201 et seq., 17-95-301 et seq., and 17-95-401  
26 et seq.:

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

28 (B) A change in bowel habits, such as diarrhea,  
29 constipation, or narrowing of the stool, that lasts more than five (5) days.

30 (c) After August 1, 2005, each employer that offers a health care  
31 policy to employees shall offer all eligible employees at the time of hiring  
32 or health care policy renewal a policy that includes colorectal cancer  
33 examinations and laboratory tests within the coverage of the employee's  
34 health care policy.

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

1                   (A) The following examinations or laboratory tests, or  
2 both:

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

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

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

9                   (B) Any additional medically recognized screening tests  
10 for colorectal cancer required by the Director of the Department of Health,  
11 determined in consultation with appropriate health care organizations.

12                   (2) The covered person shall determine the choice of screening  
13 strategies in consultation with a health care provider.

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

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

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

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

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

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

31  
32                   23-79-1103. Certain activities not prohibited.

33                   (a) This subchapter does not prohibit the issuance of policies that  
34 provide benefits greater than those required by § 23-79-1102 or more  
35 favorable to the insured than those required by § 23-79-1102.

36                   (b) This subchapter does not prohibit the payment of different levels

1 of benefits or from having differences in coinsurance percentages applicable  
2 to benefit levels for services provided by preferred and nonpreferred  
3 providers as otherwise authorized by law relating to preferred provider  
4 arrangements.

5  
6 23-79-1104. Exclusions and reductions -- Benefits subject to annual  
7 deductible and co-insurance.

8 (a) Except as provided in subsection (b) of this section, the coverage  
9 offered under § 23-79-1102 may contain any exclusions, reductions, or other  
10 limitations approved by the Insurance Commissioner concerning coverages,  
11 deductibles, or coinsurance provisions.

12 (b) The benefits provided in this subchapter shall be subject to the  
13 same annual deductible or coinsurance established for all other covered  
14 benefits within a health care policy.

15  
16 23-79-1105. Coverage by participating providers -- Selection criteria  
17 and utilization protocols -- Maximum benefits -- Exclusions.

18 (a)(1) This subchapter does not require and shall not be construed to  
19 require the coverage of services by providers who are not designated as  
20 covered providers or that are not selected as a participating provider by a  
21 group health benefit plan or insurer having a participating network of  
22 service providers.

23 (2) This subchapter does not expand the list or designation of  
24 participating providers as specified in any health benefit plan.

25 (b) Insurers or other issuers of any health benefit plan covered by  
26 this subchapter may continue to establish and apply selection criteria and  
27 utilization protocols for health care providers including:

28 (1) The designation of types of providers for which coverage is  
29 provided; and

30 (2) Credentialing criteria used in the selection of providers.

31 (c) A health care policy that provides coverage for the services  
32 offered under this subchapter may contain provisions for maximum benefits and  
33 coinsurance limitations, deductibles, exclusions, and utilization review  
34 protocols to the extent that the provisions are not inconsistent with the  
35 requirements of this subchapter.

36



1           23-79-1106. Additional benefit costs.

2           The issuer of a health care policy shall conform its policies,  
3 contracts, or certificates issued on or after August 1, 2005, and may adjust  
4 its premium cost to reflect the additional benefit cost.

5  
6           23-79-1107. Cost-sharing.

7           (a) To encourage colorectal cancer screenings, patients and health  
8 care providers may not be required to meet burdensome criteria or overcome  
9 significant obstacles to obtain coverage.

10           (b) An individual shall not be required to pay an additional  
11 deductible or coinsurance for testing that is greater than an annual  
12 deductible or coinsurance established for similar benefits.

13           (c) If the program or contract does not cover a similar benefit, a  
14 deductible or coinsurance may not be set at a level that materially  
15 diminishes the value of the colorectal cancer benefit required under this  
16 subchapter.

17           (d) Reimbursement to health care providers for colorectal cancer  
18 screenings provided under this section shall be equal to or greater than  
19 reimbursement to health care providers under Medicare, Title XVII of the  
20 Social Security Act, 42 U.S.C. § 1395 et seq., as it existed on January 1,  
21 2005.

22  
23           23-79-1108. Referrals to participating providers.

24           A health care policy is not required to provide a referral under this  
25 subchapter to a nonparticipating health care provider unless the plan or  
26 carrier does not have a participating health care provider that is available  
27 and accessible to administer the screening, examination, or treatment of  
28 colorectal cancer.

29  
30           23-79-1109. Payment of nonparticipating providers.

31           If a health care policy refers an individual under this subchapter to a  
32 nonparticipating health care provider, then services provided under the  
33 approved screening exam or resulting treatment, if any, shall be provided at  
34 no additional cost to the individual beyond what the individual would  
35 otherwise pay to a participating health care provider.

36

