

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 87th General Assembly
3 Regular Session, 2009
4

As Engrossed: S3/17/09

A Bill

SENATE BILL 947

5 By: Senators Elliott, Altes, Bookout, Broadway, Bryles, Horn, G. Jeffress, J. Jeffress, D. Johnson,
6 Madison, Miller, Teague, Trusty, Whitaker, H. Wilkins, *Hendren, T. Smith, J. Taylor, R. Thompson, D.*
7 *Wyatt*
8 By: *Representative Hardy*
9

For An Act To Be Entitled

12 THE COLORECTAL CANCER PREVENTION, EARLY
13 DETECTION, AND TREATMENT ACT OF 2009; AND FOR
14 OTHER PURPOSES.

Subtitle

17 THE COLORECTAL CANCER PREVENTION, EARLY
18 DETECTION, AND TREATMENT ACT OF 2009.

21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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

25 20-15-1901. Title.

26 This subchapter shall be known and may be cited as the "Colorectal
27 Cancer Prevention, Early Detection, and Treatment Act of 2009".

29 20-15-1902. Findings.

30 (a) The General Assembly finds that:

31 (1)(A) Colorectal cancer is the second leading cause of cancer
32 death in Arkansas.

33 (B) Colorectal cancer is estimated that one thousand six
34 hundred thirty (1,630) new cases of colorectal cancer will be diagnosed in
35 Arkansas during 2009;

36 (2) Screening for colorectal cancer may identify the precursors



1 of cancer before the disease begins and the precursors may be removed, thus
2 preventing the emergence of most colorectal cancer; and

3 (3) The Colorectal Cancer Control Demonstration Project created
4 in the Colorectal Cancer Act of 2005, § 20-15-1701 et seq., has produced
5 findings indicating that:

6 (A)(i) Statewide only one-half (1/2) of adults over fifty
7 (50) years of age have received colorectal cancer screening within the
8 recommended time interval and thirty five percent (35%) have never been
9 screened; and

10 (ii) Screening rates are twenty-five percent (25%)
11 lower in under-served areas of the state where health care services, health
12 insurance coverage, educational attainment, and household income are limited;

13 (B)(i) Forty percent (40%) of Arkansans who should be
14 screened for colorectal cancer have never received physician advice to be
15 screened.

16 (ii) An individual in an under-served area of the
17 state is less likely to receive appropriate advice about effective screening
18 methods than is an individual in a better-served area of the state;

19 (C)(i) Fewer than forty percent (40%) of Arkansas citizens
20 know that periodic screening for colorectal cancer should start at fifty (50)
21 years of age.

22 (ii) Fifty six percent (56%) rate of Arkansas
23 citizens themselves as being at low risk for colorectal cancer.

24 (iii) Forty-two percent (42%) rate of Arkansas
25 citizens identify cost as a significant barrier to screening.

26 (D)(i) Eighty-one percent (81%) of low-income patients
27 enrolled in the demonstration project successfully completed colorectal
28 screening.

29 (ii) A statewide screening program for underserved
30 individuals could reduce cancer incidence among screened individuals by
31 thirty-two percent (32%), reduce five-year mortality risk by twenty-five
32 percent (25%), and reduce cancer treatment costs by fifty-four percent (54%).

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

36

1 20-15-1903. Definition.

2 As used in this subchapter, "high risk" means:

3 (1) An individual over fifty (50) years of age or who faces a
4 high risk for colorectal cancer because of:

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

7 (B) Family history of colorectal cancer;

8 (C) Genetic alterations of hereditary nonpolyposis colon
9 cancer or familial adenomatous polyposis;

10 (D) Personal history of colorectal cancer, ulcerative
11 colitis, or Crohn's disease; or

12 (E) The presence of any appropriate recognized gene
13 markers for colorectal cancer or other predisposing factors; and

14 (2) Any additional or expanded definition of "persons at high
15 risk for colorectal cancer" as recognized by medical science and determined
16 by the Director of the Department of Health in consultation with the
17 University of Arkansas for Medical Sciences.

18
19 20-15-1904. Program for prevention of colorectal cancer.

20 (a) There is created in the Department of Health the Arkansas
21 Colorectal Cancer Prevention, Early Detection, and Treatment Program, if
22 funds are available.

23 (b) The Winthrop P. Rockefeller Cancer Institute at the University of
24 Arkansas for Medical Sciences may collaborate with the Department of Health
25 in conducting the program.

26 (c)(1) The program shall be designed in conformity with federal law
27 and regulations regarding a program for prevention, early detection, and
28 treatment of colorectal cancer.

29 (2) Funds shall not be used to supplant funds already available
30 for prevention, early detection, and treatment of colorectal cancer.

31 (d) A contract may be made under this subchapter only if:

32 (1) In providing screenings for colorectal cancer, priority is
33 given to low-income individuals who lack adequate coverage under health
34 insurance and health plans for screenings for colorectal cancer;

35 (2) Screenings are carried out as preventive health measures in
36 accordance with evidence-based screening guidelines and procedures;

1 (3) A payment made through the program for a screening procedure
2 will not exceed the amount specified under federal law and regulations
3 regarding a grant program for prevention, early detection, and treatment of
4 colorectal cancer;

5 (4) Funds will not be spent to make payment for any item or
6 service if that payment has been made or can reasonably be expected to be
7 made:

8 (A) Under a state compensation program, an insurance
9 policy, or a federal or state health benefits program; or

10 (B) By an entity that provides health services on a
11 prepaid basis; and

12 (5) Fiscal controls and fund accounting procedures are
13 established to ensure proper disbursement of and accounting for amounts received
14 under this subchapter.

15 (e) Upon request, the Department of Health shall provide records
16 maintained under this subchapter to the appropriate federal oversight agency.

17 (f) The program shall be implemented statewide.

18
19 20-15-1905. Program requirements.

20 A program funded under this subchapter shall:

21 (1) Provide screenings and diagnostic tests for colorectal
22 cancer to individuals who are:

23 (A) Fifty (50) years of age or older;

24 (B)(i) Under fifty (50) years of age; and

25 (ii) At high risk for colorectal cancer; or

26 (C) Low-income;

27 (2) Provide appropriate case management and referrals for
28 medical treatment of individuals screened under the program created in this
29 subchapter;

30 (3) Directly or through coordination or an arrangement with
31 health care providers or programs ensure the full continuum of follow-up and
32 cancer care for individuals screened in the program, including without
33 limitation:

34 (A) Appropriate follow-up for abnormal tests;

35 (B) Diagnostic services;

36 (C) Therapeutic services; and

1 (D) Treatment of detected cancers and management of
2 unanticipated medical complications;

3 (4) Carry out activities to improve the education, training, and
4 skills of health professionals, including allied health professionals in the
5 detection and control of colorectal cancer;

6 (5) Establish mechanisms to monitor the quality of screening and
7 diagnostic follow-up procedures for colorectal cancer;

8 (6) Create and implement appropriate monitoring systems to
9 monitor, including without limitation:

10 (A) The number of facilities in the state that provide
11 screening services in accordance with evidence-based screening guidelines and
12 procedures;

13 (B) Physicians, including family practitioners,
14 gastroenterologists, and surgical endoscopists who perform colonoscopies in
15 the state and the regions of the state in which the physicians practice;

16 (C) Differences in cost across facilities as compared to
17 Medicare payment for procedures; and

18 (D) Available resources for follow-up diagnostics and
19 treatment as needed;

20 (7) Develop and disseminate findings derived from the monitoring
21 systems;

22 (8) Develop and disseminate public information and education
23 programs for the detection and control of colorectal cancer and for promoting
24 the benefits of receiving screenings for the public and for health care
25 professions, to include without limitation, education concerning:

26 (A) High risk populations;

27 (B) Target populations; and

28 (C) The uninsured and underinsured;

29 (9) Develop provider-oriented programs to promote routine
30 implementation of screening guidelines and patient-oriented programs to
31 increase utilization of screening and diagnostic services; and

32 (10) Make records of program activities and expenditures
33 available to the Department of Health.

34
35 20-15-1906. Colorectal Cancer Prevention, Early Detection, and
36 Treatment Advisory Committee.

1 (a) There is created a Colorectal Cancer Prevention, Early Detection,
2 and Treatment Advisory Committee to advise the Director of the Department of
3 Health on matters of concern under this subchapter.

4 (b) The director shall appoint:

5 (1) One (1) member to represent the Department of Health;

6 (2) One (1) member to the target population of this subchapter;

7 (3) One (1) member who specializes in primary care or
8 gastrointestinal medicine to represent the Arkansas Medical Society;

9 (4) One (1) member who specializes in primary care or
10 gastrointestinal medicine to represent the Arkansas Medical, Dental and
11 Pharmaceutical Association;

12 (5) One (1) member who is a surgical oncologist physician;

13 (6) One (1) member who is a radiation oncologist physician;

14 (7) One (1) member to represent the Arkansas Nursing
15 Association;

16 (8) One (1) member who is a behavioral health scientist;

17 (9) One (1) member who is a medical oncologist physician;

18 (10) One (1) member to represent thee area health education
19 centers;

20 (11) One (1) member who is a colorectal cancer survivor;

21 (12) One (1) member to represent the American Cancer Society;

22 and

23 (13) One (1) member to represent the Community Health Centers of
24 Arkansas.

25 (c) The director shall ensure that the membership is representative of
26 the four (4) congressional districts.

27 (d) Terms of committee members shall be three (3) years except for the
28 initial members whose terms shall be determined by lot so as to stagger terms
29 to equalize as nearly as possible the number of members to be appointed each
30 year.

31 (e) If a vacancy occurs, the director shall appoint a person who
32 represents the same constituency as the member being replaced.

33 (f) The committee shall elect one (1) of its members to act as chair
34 for a term of one (1) year.

35 (g) A majority of the members shall constitute a quorum for the
36 transaction of business.

1 (h) The committee shall meet at least quarterly to study developments
2 in programs created under this subchapter and to assist the director in
3 improving existing programs and developing new programs.

4 (i) The department shall provide office space and staff for the
5 committee.

6 (j) Members of the committee shall serve without pay but may receive
7 expense reimbursement in accordance with § 25-16-902 if funds are available.

8
9 20-15-1907. Colorectal Cancer Research Program.

10 (a) There is established within the Winthrop P. Rockefeller Cancer
11 Institute at the University of Arkansas for Medical Sciences in collaboration
12 with the Department of Health a Colorectal Cancer Research Program.

13 (b) The program may conduct without limitation:

14 (1) Research into the cause, cure, treatment, early detection,
15 and prevention of colorectal cancer and the survivorship of individuals
16 diagnosed with colorectal cancer;

17 (2) Examinations of behavioral and educational strategies to
18 promote screening and early detection; and

19 (3) Research addressing health policies and legislative
20 initiatives intended to promote early detection and reduce the burden of
21 colorectal cancer.

22 (c) The program shall fund innovative research and the dissemination
23 of successful research findings with special emphasis on research that
24 complements, rather than duplicates, the research funded by the federal
25 government and other entities.

26
27 20-15-1908. Oversight Committee on Colorectal Cancer Research.

28 (a) There is created the Oversight Committee on Colorectal Cancer
29 Research.

30 (b) All research grants shall be awarded on the basis of the research
31 priorities established for the Colorectal Cancer Research Program and the
32 scientific merit of the proposed research as determined by a peer review
33 process governed by the Oversight Committee on Colorectal Cancer Research.

34 (c) The committee shall consist of seven (7) members appointed by the
35 Director of the Winthrop P. Rockefeller Cancer Institute at the University of
36 Arkansas for Medical Sciences, as follows:

1 (1) One (1) member to represent the Arkansas Medical Society;

2 (2) One (1) member to represent the Arkansas Hospital

3 Association;

4 (3) One (1) member to represent the medical, surgical, or
5 radiation oncology community;

6 (4) One (1) member who is a colorectal health advocate;

7 (5) One (1) member to represent the University of Arkansas
8 System who has experience in biomedical research relevant to cancer
9 prevention and control;

10 (6) One (1) member to represent the University of Arkansas
11 System who has experience in behavioral/psychosocial research relevant to
12 cancer prevention and control; and

13 (7) One (1) member to represent the University of Arkansas
14 System who has experience in systems research relevant to cancer prevention
15 and control.

16 (d) Each of the four (4) congressional districts shall be represented
17 by at least one (1) member.

18 (e)(1) The members shall serve for a period of four (4) years.

19 (2) The members shall serve staggered terms to be determined by
20 lot at the first meeting of the committee so that one (1) serves one (1)
21 year, two (3) serve two (2) years, two (2) serve three (3) years, and two (2)
22 serve four (4) years.

24 SECTION 2. Arkansas Code Title 20, Chapter 15, Subchapter 17 is
25 repealed.

26 ~~20-15-1701. Title.~~

27 ~~This subchapter shall be known and may be cited as the "Colorectal~~
28 ~~Cancer Act of 2005".~~

30 ~~20-15-1702. Findings and purpose.~~

31 ~~(a) The General Assembly finds that:~~

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

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

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

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

7 ~~(5) Colorectal cancer is largely preventable; and~~

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

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

14
15 ~~20-15-1703. Colorectal Cancer Control and Research Program—~~
16 ~~Demonstration project.~~

17 ~~(a) There is established within the Arkansas Cancer Research Center at~~
18 ~~the University of Arkansas for Medical Sciences in collaboration with the~~
19 ~~Division of Health of the Department of Health and Human Services a~~
20 ~~Colorectal Cancer Control and Research Program.~~

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

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

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

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

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

33 ~~(1) An assessment shall be made to:~~

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

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

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

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

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

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

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

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

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

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

25 (c)—Provision of educational intervention and
26 access together.

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

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

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

35 (B)—The program evaluation information, coupled with the
36 results of the assessment of screening resources in this state, will help to

1 ~~establish strategies for meeting the long-term goal under subsection (d) of~~
2 ~~this section.~~

3 ~~(d)(1) The program will build on the results of the demonstration~~
4 ~~project to meet the long-term goal of the program.~~

5 ~~(2) The long-term goal of the program is to reduce the physical~~
6 ~~and economic burden of colorectal cancer in this state by:~~

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

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

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

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

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

20 ~~(e)(1) The program shall provide for the full continuum of care,~~
21 ~~prevention, early detection, diagnosis, treatment, cure of colorectal cancer,~~
22 ~~and survivorship.~~

23 ~~(2) The program shall be administered to:~~

24 ~~(A) Provide colorectal cancer education and awareness to~~
25 ~~promote prevention and early detection;~~

26 ~~(B) Provide colorectal cancer surveillance activities~~
27 ~~across the state;~~

28 ~~(C) Provide screening for colorectal cancer with special~~
29 ~~focus on persons fifty (50) years of age and older and persons at high risk~~
30 ~~for colorectal cancer;~~

31 ~~(D) Provide after screening, medical referrals, and~~
32 ~~financial assistance for services necessary to follow up abnormal screening~~
33 ~~exams;~~

34 ~~(E) Provide necessary advocacy and financial assistance to~~
35 ~~ensure that the persons obtain necessary treatment if a positive diagnosis is~~
36 ~~made; and~~

