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3		OUSE BILL 1446
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11	1 PURPOSES.	
12	.2	
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14	4 Subtitle	
15	TO UPDATE THE COLORECTAL CANCER	
16	PREVENTION, EARLY DETECTION, AND	
17	7 TREATMENT ACT.	
18	8	
19	9	
20	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:	
21	21	
22	SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter	: 19, is
23	amended to read as follows:	
24	Subchapter 19 - Golorectal Cancer Prevention, Early Detection,	and Treatment
25	Act Arkansas Colorectal Cancer Screening Initiative Act	Act
26	26	
27		
28	•	
29	· · · · · · · · · · · · · · · · · · ·	<u>Colorectal</u>
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32	<u> </u>	
33	•	
34		icer was the
35 36	9	mtv (1 620)
70	(B) An estimated <del>one thousand six hundred thi</del>	<del>y (1,030)</del>

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1
     one thousand five hundred eighty-two (1,582) new cases of colorectal cancer
 2
    were diagnosed in Arkansas during 2009 2015.
 3
                       (C) An estimated one thousand four hundred (1,400) one
 4
     thousand three hundred seventy (1,370) new cases of colorectal cancer will be
 5
     diagnosed in Arkansas during 2017 2018.
                       (D) An estimated six hundred (600) Arkansans will have
 6
 7
     colorectal cancer listed as the cause of death in 2017 2018.
 8
                       (E) Arkansas presently has higher incidences of colorectal
9
     cancer and higher rates of death resulting from colorectal cancer than the
10
     national average.
11
                       (F) A 2015 cancer surveillance study published in the
12
     journal of Cancer, Epidemiology, Biomarkers, and Prevention by R.L. Siegel et
13
     al. indicates that the higher rates of colorectal cancer are experienced in
14
     the following seventeen (17) counties:
15
                             (i) Randolph;
16
                             (ii) Clay;
17
                             (iii) Mississippi;
18
                             (iv) Poinsett;
19
                             (v) Woodruff;
20
                             (vi) Cross:
                             (vii) Crittenden;
21
22
                             (viii) Lee;
23
                             (ix) Monroe;
24
                             (x) Arkansas;
25
                             (xi) Phillips;
26
                             (xii) Desha;
27
                             (xiii) Chicot;
28
                             (xiv) Drew;
29
                             (xv) Jefferson;
30
                             (xvi) Dallas; and
31
                             (xvii) Jackson;
32
                 (2)(A) Screening for colorectal cancer may identify the
     precursors of cancer before the disease begins and the precursors may be
33
34
     removed, thus preventing the emergence of most colorectal cancer.
35
                       (B) Currently, only fifty-nine percent (59%) sixty-five
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percent (65%) of Arkansans who are at risk for colorectal cancer or who are

- 1 above fifty (50) years of age have been screened.
- 2 (C) On April 19, 2016, Governor Asa Hutchinson signed the
- 3 "80% by 2018" pledge dedicating his commitment to increase colorectal cancer
- 4 screenings to eighty percent (80%) by 2018.
- 5 (D) Arkansas presently ranks forty-sixth in the nation for
- 6 colorectal screenings among individuals who are fifty (50) years of age or
- 7 older; and
- 8 (3) The Colorectal Cancer Control Demonstration Project created
- 9 in the Colorectal Cancer Act of 2005, Acts 2005, No. 2236 [repealed], has
- 10 produced findings indicating that:
- 11 (A)(i) Statewide only fifty percent (50%) of adults over
- 12 fifty (50) years of age have received colorectal cancer screening within the
- 13 recommended time interval and thirty-five percent (35%) have never been
- 14 screened.
- 15 (ii) Screening rates are twenty-five percent (25%)
- 16 lower in underserved areas of the state where healthcare services, health
- 17 insurance coverage, educational attainment, and household income are limited;
- 18 (B)(i) Forty percent (40%) of Arkansans who should be
- 19 screened for colorectal cancer have never received physician advice to be
- 20 screened.
- 21 (ii) An individual in an underserved area of the
- 22 state is less likely to receive appropriate advice about effective screening
- 23 methods than is an individual in a better-served area of the state;
- 24 (C)(i) Fewer than forty percent (40%) of Arkansas citizens
- 25 know that periodic screening for colorectal cancer should start at fifty (50)
- 26 years of age.
- 27 (ii) Fifty-six percent (56%) of Arkansas citizens
- 28 rate themselves as being at low risk for colorectal cancer.
- 29 (iii) Forty-two percent (42%) of Arkansas citizens
- 30 identify cost as a significant barrier to screening; and
- 31 (D)(i) Eighty-one percent (81%) of low-income patients
- 32 enrolled in the <del>demonstration project</del> <u>Colorectal Cancer Control Demonstration</u>
- 33 Project successfully completed colorectal screening.
- 34 (ii) A statewide screening program for underserved
- 35 individuals could reduce colorectal cancer incidence among screened
- 36 individuals by thirty-two percent (32%), reduce five-year mortality risk by

- twenty-five percent (25%), and reduce  $\underline{\text{colorectal}}$  cancer treatment costs by fifty-four percent (54%).
- 3 (b) This subchapter is intended to reduce the physical and economic 4 burden of colorectal cancer in Arkansas.

5 6

- 20-15-1903. Definition.
- As used in this subchapter, "high risk" means:
- 8 (1) An individual over fifty (50) forty-five (45) years of age 9 or who faces a high risk for colorectal cancer because of:
- 10 (A) The presence of one (1) or more polyps on a previous 11 colonoscopy, barium enema, or flexible sigmoidoscopy;
- 12 (B) Family history of colorectal cancer;
- 13 (C) Genetic alterations of hereditary nonpolyposis colon 14 cancer or familial adenomatous polyposis;
- 15 (D) Personal history of colorectal cancer, ulcerative colitis, or Crohn's disease; or
- 17 (E) The presence of any appropriate recognized gene 18 markers for colorectal cancer or other predisposing factors; and
- 19 (2) Any additional or expanded definition of "persons at high 20 risk for colorectal cancer" as recognized by medical science and determined 21 by the Director of the Department of Health in consultation with the 22 University of Arkansas for Medical Sciences.

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- 24 20-15-1904. Program Initiative for prevention of colorectal cancer.
  - (a) There is created in the Department of Health the Arkansas

    Colorectal Cancer Prevention, Early Detection, and Treatment Program if funds

    are available the Arkansas Colorectal Cancer Screening Initiative.
  - (b) The Winthrop P. Rockefeller Cancer Institute at the University of Arkansas for Medical Sciences may collaborate with the department Department of Health in conducting the program initiative, which shall be administered through the Arkansas Cancer Coalition.
- 32 (c)(1) The program initiative shall be designed in conformity with 33 federal law and regulations regarding a program for prevention, early 34 detection, and treatment of colorectal cancer.
- 35 (2) Funds shall not be used to supplant funds already available 36 for prevention, early detection, and treatment of colorectal cancer.

1	(d) A contract may be made under this subchapter only if:
2	(1) In providing screenings for colorectal cancer, priority is
3	given to individuals who lack adequate coverage under health insurance and
4	health plans for screenings for colorectal cancer;
5	(2) Screenings are carried out as preventive health measures in
6	accordance with evidence-based screening guidelines and procedures;
7	(3) A payment made through the program initiative for a
8	screening procedure will not exceed the amount specified under federal law
9	and regulations regarding a grant program for prevention, early detection,
10	and treatment of colorectal cancer;
11	(4) Funds shall not be spent to make payment for any item or
12	service if that payment has been made or can reasonably be expected to be
13	made:
14	(A) Under a state compensation program, an insurance
15	policy, or a federal or state health benefits program; or
16	(B) By an entity that provides health services on a
17	prepaid basis; and
18	(5) Fiscal controls and fund accounting procedures are
19	established to ensure proper disbursal of and accounting for amounts received
20	under this subchapter.
21	(e) Upon request, the department shall provide records maintained
22	under this subchapter to the appropriate federal oversight agency.
23	(f) The program initiative shall be implemented statewide.
24	
25	20-15-1905. Program Initiative requirements.
26	The Arkansas Colorectal Cancer Prevention, Early Detection, and
27	Treatment Program Screening Initiative funded under this subchapter shall:
28	(1) Provide screenings and diagnostic tests for colorectal
29	cancer to individuals who are:
30	(A) Fifty $(50)$ Forty-five $(45)$ years of age or older; or
31	(B) Under $\frac{\text{fifty (50)}}{\text{forty-five (45)}}$ years of age and at
32	high risk for colorectal cancer;
33	(2) Provide appropriate case management and referrals for
34	medical treatment of individuals screened under the program initiative

(3) Directly or through coordination or an arrangement with

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created in this subchapter;

1	healthcare providers or programs ensure the full continuum of follow-up and
2	cancer care for individuals screened in the program initiative, including
3	without limitation:
4	(A) Appropriate follow-up for abnormal tests test results;
5	(B) Diagnostic services;
6	(C) Therapeutic services; and
7	(D) Treatment of detected cancers and management of
8	unanticipated medical complications;
9	(4) Carry out activities to improve the education, training, and
10	skills of health professionals, including allied health professionals in the
11	detection and control of colorectal cancer;
12	(5) Establish mechanisms to monitor the quality of screening and
13	diagnostic follow-up procedures for colorectal cancer;
14	(6) Create and implement appropriate monitoring systems to
15	monitor, including without limitation:
16	(A) The number of facilities in the state that provide
17	screening services in accordance with evidence-based screening guidelines and
18	procedures;
19	(B) Physicians, including family practitioners,
20	gastroenterologists, and surgical endoscopists who perform colonoscopies in
21	the state and the regions of the state in which the physicians practice;
22	(C) Differences in cost across facilities as compared to
23	Medicare payment for procedures; and
24	(D) Available resources for follow-up diagnostics and
25	treatment as needed;
26	(7) Develop and disseminate findings derived from the monitoring
27	systems;
28	(8) Develop and disseminate public information and education
29	programs for the detection and control of colorectal cancer and for promoting
30	the benefits of receiving screenings for the public and for healthcare
31	professions, to include without limitation education concerning:
32	(A) High-risk populations;
33	(B) Target populations; and
34	(C) The uninsured and underinsured;
35	(9) Develop provider-oriented programs to promote routine

implementation of screening guidelines and patient-oriented programs to

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1	increase utilization of screening and diagnostic services; and
2	(10) Make records of program initiative activities and
3	expenditures available to the Department of Health.
4	
5	20-15-1906. Colorectal Cancer Prevention, Early Detection, and
6	Treatment Advisory Committee.
7	(a) There is created a Colorectal Cancer Prevention, Early Detection,
8	and Treatment Advisory Committee to advise the Director of the Department of
9	Health on matters of concern under this subchapter.
10	(b) The director shall appoint:
11	(1) One (1) member to represent the Department of Health;
12	(2) One (1) member to represent the target population of this
13	subchapter;
14	(3) One (1) member who specializes in primary care or
15	gastrointestinal medicine to represent the Arkansas Medical Society, Inc.;
16	(4) One (1) member who specializes in primary care or
17	gastrointestinal medicine to represent the Arkansas Medical, Dental and
18	Pharmaceutical Association;
19	(5) One (1) member who is a surgical oncologist physician;
20	(6) One (1) member who is a radiation oncologist physician;
21	(7) One (1) member to represent the Arkansas Nurses Association;
22	(8) One (1) member who is a behavioral health scientist;
23	(9) One (1) member who is a medical oncologist physician;
24	(10) One (1) member to represent the area health education
25	centers;
26	(11) One (1) member who is a colorectal cancer survivor;
27	(12) One (1) member to represent the American Cancer Society;
28	(13) One (1) member to represent the Community Health Centers of
29	Arkansas, Inc.; and
30	(14) One (1) member selected from the Arkansas Minority Health
31	Commission. ←
32	(c) The director shall ensure that the membership is representative of
33	the four (4) congressional districts.
34	(d) Terms of committee members shall be three (3) years except for the
35	initial members whose terms shall be determined by lot so as to stagger terms
36	to equalize as nearly as possible the number of members to be appointed each

1	<del>year.</del>
2	(e) If a vacancy occurs, the director shall appoint a person who
3	represents the same constituency as the member being replaced.
4	(f) The committee shall elect one (1) of its members to act as chair
5	for a term of one (1) year.
6	(g) A majority of the members shall constitute a quorum for the
7	transaction of business.
8	(h) The committee shall meet at least quarterly to study developments
9	in programs created under this subchapter and to assist the director in
10	improving existing programs and developing new programs.
11	(i) The department shall provide office space and staff for the
12	committee.
13	(j) Members of the committee shall serve without pay but may receive
14	expense reimbursement in accordance with § 25-16-902 if funds are available.
15	
16	20-15-1907. Colorectal Cancer Research Program.
17	(a) There is established within the Winthrop P. Rockefeller Cancer
18	Institute at the University of Arkansas for Medical Sciences, in
19	collaboration with the Department of Health, the Colorectal Cancer Research
20	Program.
21	(b) The program may conduct without limitation:
22	(1) Research into the cause, cure, treatment, early detection,
23	and prevention of colorectal cancer and the survivorship of individuals
24	diagnosed with colorectal cancer;
25	(2) Examinations of behavioral and educational strategies to
26	promote screening and early detection; and
27	(3) Research addressing health policies and legislative
28	initiatives intended to promote early detection and reduce the burden of
29	colorectal cancer.
30	(c) The program shall fund innovative research and the dissemination
31	of successful research findings with special emphasis on research that
32	complements, rather than duplicates, the research funded by the United States
33	Government and other entities.
34	
35	20-15-1908. Oversight Committee on Colorectal Cancer Research.
36	(a) There is created the Oversight Committee on Colorectal Cancer

T	<del>Research -</del>
2	(b) All research grants shall be awarded on the basis of the research
3	priorities established for the Colorectal Cancer Research Program and the
4	scientific merit of the proposed research as determined by a peer review
5	process governed by the committee.
6	(c) The committee shall consist of seven (7) members appointed by the
7	Director of the Winthrop P. Rockefeller Cancer Institute at the University of
8	Arkansas for Medical Sciences, as follows:
9	(1) One (1) member to represent the Arkansas Medical Society,
10	Inc.;
11	(2) One (1) member to represent the Arkansas Hospital
12	Association, Inc.;
13	(3) One (1) member to represent the medical, surgical, or
14	radiation oncology community;
15	(4) One (1) member who is a colorectal health advocate;
16	(5) One (1) member to represent the University of Arkansas who
17	has experience in biomedical research relevant to cancer prevention and
18	<pre>control;</pre>
19	(6) One (1) member to represent the University of Arkansas who
20	has experience in behavioral and psychosocial research relevant to cancer
21	prevention and control; and
22	(7) One (1) member to represent the University of Arkansas who
23	has experience in systems research relevant to cancer prevention and control.
24	(d) Each of the four (4) congressional districts shall be represented
25	by at least one (1) member.
26	(e)(1) The members shall serve for a period of four (4) years.
27	(2) The members shall serve staggered terms to be determined by
28	lot at the first meeting of the committee so that one (1) member serves one
29	(1) year, two (2) members serve two (2) years, two (2) members serve three
30	(3) years, and two (2) members serve four (4) years.
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