

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.

Act 1374 of the Regular Session

1 State of Arkansas

As Engrossed: S3/17/09 H4/1/09

2 87th General Assembly

A Bill

3 Regular Session, 2009

SENATE BILL 947

4
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: *Representatives Hardy, Abernathy, Allen, T. Baker, Barnett, Blount, M. Burris, Cook, Cooper,*
9 *Davenport, Davis, Dunn, J. Edwards, Everett, Flowers, Gaskill, George, Hall, Hawkins, Hoyt, D.*
10 *Hutchinson, Kidd, W. Lewellen, Overbey, Pennartz, Ragland, Saunders, Shelby, G. Smith, L. Smith, Tyler,*
11 *Wells, Williams, Woods, Word*

12
13
14 **For An Act To Be Entitled**

15 THE COLORECTAL CANCER PREVENTION, EARLY
16 DETECTION, AND TREATMENT ACT OF 2009; AND FOR
17 OTHER PURPOSES.

18
19 **Subtitle**

20 THE COLORECTAL CANCER PREVENTION, EARLY
21 DETECTION, AND TREATMENT ACT OF 2009.

22
23
24 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

25
26 SECTION 1. Arkansas Code Title 20, Chapter 15 is amended to add an
27 additional subchapter to read as follows:

28 20-15-1901. Title.

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

31
32 20-15-1902. Findings.

33 (a) The General Assembly finds that:

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



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

4 (2) Screening for colorectal cancer may identify the precursors
5 of cancer before the disease begins and the precursors may be removed, thus
6 preventing the emergence of most colorectal cancer; and

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

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

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

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

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

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

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

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

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

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

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

4
5 20-15-1903. Definition.

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

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

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

11 (B) Family history of colorectal cancer;

12 (C) Genetic alterations of hereditary nonpolyposis colon
13 cancer or familial adenomatous polyposis;

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

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

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

22
23 20-15-1904. Program for prevention of colorectal cancer.

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

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

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

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

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

36 (1) In providing screenings for colorectal cancer, priority is

1 given to low-income individuals who lack adequate coverage under health
2 insurance and health plans for screenings for colorectal cancer;

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

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

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

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

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

16 (5) Fiscal controls and fund accounting procedures are
17 established to ensure proper disbursement of and accounting for amounts received
18 under this subchapter.

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

21 (f) The program shall be implemented statewide.

22
23 20-15-1905. Program requirements.

24 A program funded under this subchapter shall:

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

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

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

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

30 (C) Low-income;

31 (2) Provide appropriate case management and referrals for
32 medical treatment of individuals screened under the program created in this
33 subchapter;

34 (3) Directly or through coordination or an arrangement with
35 health care providers or programs ensure the full continuum of follow-up and
36 cancer care for individuals screened in the program, including without

1 limitation:

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

3 (B) Diagnostic services;

4 (C) Therapeutic services; and

5 (D) Treatment of detected cancers and management of
6 unanticipated medical complications;

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

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

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

14 (A) The number of facilities in the state that provide
15 screening services in accordance with evidence-based screening guidelines and
16 procedures;

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

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

22 (D) Available resources for follow-up diagnostics and
23 treatment as needed;

24 (7) Develop and disseminate findings derived from the monitoring
25 systems;

26 (8) Develop and disseminate public information and education
27 programs for the detection and control of colorectal cancer and for promoting
28 the benefits of receiving screenings for the public and for health care
29 professions, to include without limitation, education concerning:

30 (A) High risk populations;

31 (B) Target populations; and

32 (C) The uninsured and underinsured;

33 (9) Develop provider-oriented programs to promote routine
34 implementation of screening guidelines and patient-oriented programs to
35 increase utilization of screening and diagnostic services; and

36 (10) Make records of program activities and expenditures

1 available to the Department of Health.

2
3 20-15-1906. Colorectal Cancer Prevention, Early Detection, and
4 Treatment Advisory Committee.

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

8 (b) The director shall appoint:

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

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

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

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

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

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

18 (7) One (1) member to represent the Arkansas Nursing
19 Association;

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

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

22 (10) One (1) member to represent thee area health education
23 centers;

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

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

26 and

27 (13) One (1) member to represent the Community Health Centers of
28 Arkansas.

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

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

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

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

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

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

8 (i) The department shall provide office space and staff for the
9 committee.

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

12
13 20-15-1907. Colorectal Cancer Research Program.

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

17 (b) The program may conduct without limitation:

18 (1) Research into the cause, cure, treatment, early detection,
19 and prevention of colorectal cancer and the survivorship of individuals
20 diagnosed with colorectal cancer;

21 (2) Examinations of behavioral and educational strategies to
22 promote screening and early detection; and

23 (3) Research addressing health policies and legislative
24 initiatives intended to promote early detection and reduce the burden of
25 colorectal cancer.

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

30
31 20-15-1908. Oversight Committee on Colorectal Cancer Research.

32 (a) There is created the Oversight Committee on Colorectal Cancer
33 Research.

34 (b) All research grants shall be awarded on the basis of the research
35 priorities established for the Colorectal Cancer Research Program and the
36 scientific merit of the proposed research as determined by a peer review

1 process governed by the Oversight Committee on Colorectal Cancer Research.

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

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

6 (2) One (1) member to represent the Arkansas Hospital
7 Association;

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

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

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

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

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

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

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

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

27
28 SECTION 2. Arkansas Code Title 20, Chapter 15, Subchapter 17 is
29 repealed.

30 ~~20-15-1701. Title.~~

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

33
34 ~~20-15-1702. Findings and purpose.~~

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

36 ~~(1) Colorectal cancer is a significant threat to the health of~~

1 ~~Arkansas residents;~~

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

5 ~~(3) In Arkansas, it is estimated that one thousand six hundred~~
6 ~~thirty (1,630) new cases of cancer of the colon and rectum will occur in~~
7 ~~2005;~~

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

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

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

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

18

19 ~~20 15-1703. Colorectal Cancer Control and Research Program—~~
20 ~~Demonstration project.~~

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

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

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

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

32 ~~(B) Plan and implement an educational and screening~~
33 ~~intervention program.~~

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

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

2 ~~(A) Identify the number of facilities in the state that~~
3 ~~provide double contrast barium enema, flexible sigmoidoscopy, and~~
4 ~~colonoscopy;~~

5 ~~(B) Identify physicians, including family practitioners,~~
6 ~~gastroenterologists, and surgical endoscopists who perform colonoscopy in the~~
7 ~~state and the regions of the state in which they practice;~~

8 ~~(C) Evaluate differences in cost across facilities as~~
9 ~~compared to Medicare payment for procedures; and~~

10 ~~(D) Identify and evaluate available resources for follow-~~
11 ~~up diagnostics and treatment as needed;~~

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

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

21 ~~(ii) The number of individuals to be enrolled shall~~
22 ~~be determined by the extent of funding available.~~

23 ~~(iii) The project segment will study three (3)~~
24 ~~approaches to education and screening as follows:~~

25 ~~(a) Provision of an educational intervention~~
26 ~~designed to teach the individual about the need to seek screening;~~

27 ~~(b) Provision of access to screening with no~~
28 ~~educational intervention; and~~

29 ~~(c) Provision of educational intervention and~~
30 ~~access together.~~

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

33 ~~(b) The vouchers shall be redeemable by~~
34 ~~project participants for screening services obtained through participating~~
35 ~~physicians in each of the five (5) regions; and~~

36 ~~(3)(A) Evaluation at the end of the demonstration period by~~

1 ~~project leaders to identify the program's effectiveness in increasing the~~
2 ~~number of individuals who obtained screening for colorectal cancer.~~

3 ~~(B) The program evaluation information, coupled with the~~
4 ~~results of the assessment of screening resources in this state, will help to~~
5 ~~establish strategies for meeting the long term goal under subsection (d) of~~
6 ~~this section.~~

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

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

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

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

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

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

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

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

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

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

30 ~~(B) Provide colorectal cancer surveillance activities~~
31 ~~across the state;~~

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

35 ~~(D) Provide after screening, medical referrals, and~~
36 ~~financial assistance for services necessary to follow up abnormal screening~~

1 exams;

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

5 ~~(F) Obtain information from health care insurers and~~
6 ~~providers concerning the extent of colorectal cancer screening, treatment,~~
7 ~~and insurance coverage.~~

8
9 SECTION 3. This act becomes effective if funds are appropriated and
10 available for the grant program created in Section 1 of this act.

11
12 /s/ Elliott

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14 **APPROVED: 4/9/2009**

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