

State of Arkansas
91st General Assembly
Regular Session, 2017

A Bill

HOUSE BILL 1688

By: Representatives F. Allen, C. Fite, Magie, V. Flowers, Murdock, K. Ferguson, Blake, G. McGill
By: Senator Bledsoe

For An Act To Be Entitled

AN ACT TO UPDATE THE COLORECTAL CANCER PREVENTION,
EARLY DETECTION, AND TREATMENT ACT OF 2009; AND FOR
OTHER PURPOSES.

Subtitle

TO UPDATE THE COLORECTAL CANCER
PREVENTION, EARLY DETECTION, AND
TREATMENT ACT OF 2009.

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

SECTION 1. Arkansas Code Title 20, Chapter 15, Subchapter 19, is amended to read as follows:

Subchapter 19 – Colorectal Cancer Prevention, Early Detection, and Treatment
Act of ~~2009~~

20-15-1901. Title.

This subchapter shall be known and may be cited as the “Colorectal Cancer Prevention, Early Detection, and Treatment Act of ~~2009~~”.

20-15-1902. Findings.

(a) The General Assembly finds that:

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

(B) An estimated one thousand six hundred thirty (1,630) new cases of colorectal cancer ~~will be~~ were diagnosed in Arkansas during



2009.

(C) An estimated one thousand four hundred (1,400) new cases of colorectal cancer will be diagnosed in Arkansas during 2017.

(D) An estimated six hundred (600) Arkansans will have colorectal cancer listed as the cause of death in 2017.

(E) Arkansas presently has higher incidences of colorectal cancer and higher rates of death resulting from colorectal cancer than the national average.

(F) A 2015 cancer surveillance study published in the journal of Cancer, Epidemiology, Biomarkers, and Prevention by R.L. Siegel et al. indicates that the higher rates of colorectal cancer are experienced in the following seventeen (17) counties:

- (i) Randolph;
- (ii) Clay;
- (iii) Mississippi;
- (iv) Poinsett;
- (v) Woodruff;
- (vi) Cross;
- (vii) Crittenden;
- (viii) Lee;
- (ix) Monroe;
- (x) Arkansas;
- (xi) Phillips;
- (xii) Desha;
- (xiii) Chicot;
- (xiv) Drew;
- (xv) Jefferson;
- (xvi) Dallas; and
- (xvii) Jackson;

(2)(A) Screening for colorectal cancer may identify the precursors of cancer before the disease begins and the precursors may be removed, thus preventing the emergence of most colorectal cancer.

(B) Currently, only fifty nine percent (59%) of Arkansans who are at risk for colorectal cancer or who are above fifty (50) years of age have been screened.

(C) On April 19, 2016, Governor Asa Hutchinson signed the

"80% by 2018" pledge dedicating his commitment to increase colorectal cancer screenings to eighty percent (80%) by 2018.

(D) Arkansas presently ranks forty-sixth in the nation for colorectal screenings among individuals who are fifty (50) years of age or older; and

(3) The Colorectal Cancer Control Demonstration Project created in the Colorectal Cancer Act of 2005, ~~§ 20-15-1701 et seq., Acts 2005, No. 2236, repealed,~~ has produced findings indicating that:

(A)(i) Statewide only ~~one-half (½)~~ fifty percent (50%) of adults over fifty (50) years of age have received colorectal cancer screening within the recommended time interval and thirty-five percent (35%) have never been screened.

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

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

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

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

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

(iii) Forty-two percent (42%) of Arkansas citizens identify cost as a significant barrier to screening; and

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

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

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

20-15-1903. Definition.

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

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

(A) The presence of one (1) or more polyps on a previous colonoscopy, barium enema, or flexible sigmoidoscopy;

(B) Family history of colorectal cancer;

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

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

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

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

20-15-1904. Program 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.

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

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

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

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

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

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

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

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

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

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

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

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

(e) Upon request, the department shall provide records maintained under this subchapter to the appropriate federal oversight agency.

(f) The program shall be implemented statewide.

20-15-1905. Program requirements.

~~A program~~ The Arkansas Colorectal Cancer Prevention, Early Detection, and Treatment Program funded under this subchapter shall:

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

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

(B) ~~Both:~~

~~(i)~~ Under fifty (50) years of age; and

~~(ii)~~ ~~At~~ at high risk for colorectal cancer; ~~or~~

~~(C)~~ ~~Low-income;~~

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

(3) Directly or through coordination or an arrangement with

~~health-care~~ healthcare providers or programs ensure the full continuum of follow-up and cancer care for individuals screened in the program, including without limitation:

- (A) Appropriate follow-up for abnormal tests;
 - (B) Diagnostic services;
 - (C) Therapeutic services; and
 - (D) Treatment of detected cancers and management of unanticipated medical complications;
- (4) Carry out activities to improve the education, training, and skills of health professionals, including allied health professionals in the detection and control of colorectal cancer;
- (5) Establish mechanisms to monitor the quality of screening and diagnostic follow-up procedures for colorectal cancer;
- (6) Create and implement appropriate monitoring systems to monitor, including without limitation:
- (A) The number of facilities in the state that provide screening services in accordance with evidence-based screening guidelines and procedures;
 - (B) Physicians, including family practitioners, gastroenterologists, and surgical endoscopists who perform colonoscopies in the state and the regions of the state in which the physicians practice;
 - (C) Differences in cost across facilities as compared to Medicare payment for procedures; and
 - (D) Available resources for follow-up diagnostics and treatment as needed;
- (7) Develop and disseminate findings derived from the monitoring systems;
- (8) Develop and disseminate public information and education programs for the detection and control of colorectal cancer and for promoting the benefits of receiving screenings for the public and for ~~health-care~~ healthcare professions, to include without limitation education concerning:
- (A) High-risk populations;
 - (B) Target populations; and
 - (C) The uninsured and underinsured;
- (9) Develop provider-oriented programs to promote routine implementation of screening guidelines and patient-oriented programs to

increase utilization of screening and diagnostic services; and

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

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

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

(b) The director shall appoint:

- (1) One (1) member to represent the Department of Health;
 - (2) One (1) member to represent the target population of this subchapter;
 - (3) One (1) member who specializes in primary care or gastrointestinal medicine to represent the Arkansas Medical Society;
 - (4) One (1) member who specializes in primary care or gastrointestinal medicine to represent the Arkansas Medical, Dental and Pharmaceutical Association;
 - (5) One (1) member who is a surgical oncologist physician;
 - (6) One (1) member who is a radiation oncologist physician;
 - (7) One (1) member to represent the ~~Arkansas Nursing Association~~ Arkansas Nurses Association;
 - (8) One (1) member who is a behavioral health scientist;
 - (9) One (1) member who is a medical oncologist physician;
 - (10) One (1) member to represent the area health education centers;
 - (11) One (1) member who is a colorectal cancer survivor;
 - (12) One (1) member to represent the American Cancer Society;
- ~~and~~
- (13) One (1) member to represent the Community Health Centers of Arkansas; and
 - (14) One (1) member selected from the Arkansas Minority Health Commission.

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

(d) Terms of committee members shall be three (3) years except for the

initial members whose terms shall be determined by lot so as to stagger terms to equalize as nearly as possible the number of members to be appointed each year.

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

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

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

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

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

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

20-15-1907. Colorectal Cancer Research Program.

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

(b) The program may conduct without limitation:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPROVED: 03/16/2017