

Stricken language would be deleted from and underlined language would be added to present law.
Act 390 of the Regular Session

State of Arkansas
95th General Assembly
Regular Session, 2025

As Engrossed: H2/18/25 H3/6/25

A Bill

HOUSE BILL 1316

By: Representatives F. Allen, *Wooten, J. Richardson, K. Ferguson*

By: *Senator D. Wallace*

For An Act To Be Entitled

AN ACT TO MANDATE COVERAGE FOR LUNG CANCER
SCREENINGS; AND FOR OTHER PURPOSES.

Subtitle

TO MANDATE COVERAGE FOR LUNG CANCER
SCREENINGS.

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

SECTION 1. Arkansas Code Title 23, Chapter 79, is amended to add an additional subchapter to read as follows:

Subchapter 29 – Coverage for Lung Cancer Screenings

23-79-2901. Legislative findings.

The General Assembly finds that:

(1) Lung cancer is the leading cause of cancer deaths in Arkansas, killing nearly two thousand (2,000) residents each year;

(2) Lung cancer, which is mostly preventable, is the leading cause of cancer deaths in Arkansas;

(3) In Arkansas, about one thousand eight hundred twenty-five (1,825) individuals die each year from lung cancer;

(4) Lung cancer claims more lives each year than the combined deaths of nine hundred eighty-one (981) caused by breast cancer, colorectal cancer, or prostate cancer in Arkansas, which indicates that lung cancer should be a top priority for Arkansas;



(5) The lung cancer death rate in Arkansas is higher than the lung cancer death rate for the United States, forty-five and sixth-tenths (45.6) versus thirty-two and four-tenths (32.4) per one hundred thousand (100,000) individuals;

(6) Washington County is the only county in Arkansas that has a lung cancer death rate that is less than the United States average;

(7) On average, about two thousand six hundred ninety-eight (2,698) people are diagnosed with lung cancer each year in Arkansas;

(8) The rate of new lung cancer cases diagnosed in Arkansas is higher than the rate of new cases for the United States, sixty-eight and two-tenths (68.2) versus fifty-three and six-tenths (53.6) per one hundred thousand (100,000) individuals;

(9) Only Benton County, Lee County, and Washington County have incidence rates of lung cancer less than the United States average of fifty-three and six-tenths (53.6) per one hundred thousand (100,000) individuals;

(10) Lung cancer survival rates are low because it is often diagnosed too late;

(11) According to the American Lung Association, it estimated that only twenty-two and six-tenths percent (22.6%) of Arkansans will survive lung cancer five (5) years past their diagnosis;

(12) Lung cancer has one (1) of the lowest survival rates, slightly better than esophageal cancer, liver cancer, and pancreatic cancer, respectively;

(13) Lung cancer, esophageal cancer, liver cancer, and pancreatic cancer are associated with cigarette smoking;

(14)(A) Nearly ninety percent (90%) of all lung cancers are due to cigarette smoking.

(B) Air pollution and exposure to radon, a radioactive gas, explain most of the other ten percent (10%) of lung cancers;

(15) Quitting cigarette smoking can reduce the risk for lung cancer and many other tobacco-caused cancers;

(16) In addition, lung cancer screening can reduce lung cancer deaths by at least twenty percent (20%);

(17) Lung cancer gets the least amount of federal funding even though lung cancer takes more lives as a percentage of the whole than other cancers;

(18)(A) Most individuals are aware that it is possible to get a mammogram to detect breast cancer early or a colonoscopy to detect colon cancer early.

(B) However, some individuals may not be aware that it is possible to get an annual lung cancer screening to detect lung cancer early;

(19) Lung cancer screening is performed with low-dose computed tomography scan that can identify small nodules or other abnormalities in the lungs;

(20) Screening with low-dose computed tomography may be done in asymptomatic individuals and in high-risk individuals like smokers and former smokers;

(21)(A) The American Lung Association says that only three and seven-tenths percent (3.7%) of individuals who are eligible to get screened for lung cancer are screened in Arkansas.

(B) This is lower than the national rate of four and five-tenths percent (4.5%);

(22) The American Cancer Society recommends that smokers and former smokers fifty (50) to eighty (80) years of age get screened for lung cancer if they have smoked at least twenty (20) or more packs for years, which can be measured in different ways. For example, an individual who smoked one (1) pack of cigarettes a day for at least twenty (20) years would have the equivalent smoking rate of an individual who has smoked two (2) packs of cigarettes per day for ten (10) years;

(23) The American Cancer Society screening guideline differs from the United States Preventive Services Task Force Lung Cancer Screening Guidelines which state that lung cancer screening should be discontinued after a person has not smoked for at least fifteen (15) years;

(24) Medicare and most healthcare insurers will cover lung cancer screening, but eligibility requirements, obtaining a referral, copayments, deductibles, out-of-pocket costs, and the type of paperwork needed to get an annual lung cancer screening vary by healthcare insurer;

(25) The Arkansas Medicaid Program covers lung cancer screening in Arkansas;

(26) If a healthcare insurer does not cover annual lung cancer screening, then funds are needed to assist smokers and former smokers in getting screened;

- (27) Arkansas has the second-highest smoking rate in the nation;
- (28) Smoking rates are higher in rural versus urban areas where access to low-dose computed tomography is low; and
- (29) It is important to promote lung cancer screenings by:
- (A) Increasing availability of low-dose computed tomography in rural areas that may reduce travel time to no more than thirty (30) minutes;
- (B) Increasing the number of healthcare providers in rural areas to support lung cancer screening and also support other cancer screening as well;
- (C) Increasing funding for educational programs to increase awareness about lung cancer screening in Arkansas;
- (D) Increasing research dollars in Arkansas to support research related to lung cancer screening and early detection of lung cancer;
- (E) Increasing funding for patient advocates in all counties and public health regions to help people overcome financial, transportation, and other barriers to lung cancer screening; and
- (F) Providing hospitals with incentives to add smoking cessation programs to lung cancer screening.

23-79-2902. Definitions.

As used in this subchapter:

(1) "Covered person" means an individual who is entitled to receive healthcare services under the terms of a health benefit plan;

(2)(A) "Health benefit plan" means:

(i) An individual, blanket, or group plan, or a policy or contract for healthcare services offered, issued, renewed, delivered, or extended in this state by a healthcare insurer; and

(ii) A health benefit program receiving state or federal appropriations from the State of Arkansas, including the Arkansas Medicaid Program and the Arkansas Health and Opportunity for Me Program, § 23-61-1001 et seq., or any successor program.

(B) "Health benefit plan" includes:

(i) Indemnity and managed care plans; and

(ii) Nonfederal governmental plans as defined in 29 U.S.C. § 1002(32), as it existed on January 1, 2025.

(C) "Health benefit plan" does not include:

(i) A plan that provides only dental benefits or eye and vision care benefits;

(ii) A disability income plan;

(iii) A credit insurance plan;

(iv) Insurance coverage issued as a supplement to liability insurance;

(v) A medical payment under an automobile or homeowners insurance plan;

(vi) A health benefit plan provided under Arkansas Constitution, Article 5, § 32, the Workers' Compensation Law, § 11-9-101 et seq., or the Public Employee Workers' Compensation Act, § 21-5-601 et seq.;

(vii) A plan that provides only indemnity for hospital confinement;

(viii) An accident-only plan;

(ix) A specified disease plan; or

(x) A long-term-care-only plan; and

(3)(A) "Healthcare insurer" means an insurance company, hospital and medical service corporation, or health maintenance organization that issues or delivers health benefit plans in this state and is subject to:

(i) The insurance laws of this state;

(ii) Section 23-75-101 et seq., pertaining to hospital and medical service corporations; or

(iii) Section 23-76-101 et seq., pertaining to health maintenance organizations.

(B) "Healthcare insurer" does not include an entity that provides only dental benefits or eye and vision care benefits.

23-79-2903. Coverage for lung cancer screenings.

(a) On and after January 1, 2026, a health benefit plan that is offered, issued, renewed, delivered, or extended in this state shall provide coverage for lung cancer screenings and follow-up healthcare services according to American Cancer Society guidelines.

(b) The coverage for lung cancer screenings under subsection (a) of this section:

(1) Is not subject to an annual deductible, copayment, or

coinsurance limit as established for other covered benefits under a health benefit plan; and

(2) Does not diminish or limit benefits otherwise allowable under a health benefit plan.

23-79-2904. Rules.

(a) The Insurance Commissioner shall promulgate rules to implement this subchapter.

(b) The Secretary of the Department of Human Services shall promulgate rules necessary to implement this subchapter that may apply to the Arkansas Medicaid Program or the Arkansas Health and Opportunity for Me Program, § 23-61-1001 et seq.

(c) The State Board of Finance shall promulgate rules necessary to implement this subchapter that may apply to the State and Public School Life and Health Insurance Program.

/s/F. Allen

APPROVED: 3/25/25