

Stricken language would be deleted from and underlined language would be added to present law.

State of Arkansas *As Engrossed: S3/2/21 S3/15/21 H4/1/21*
93rd General Assembly **A Bill**
Regular Session, 2021

SENATE BILL 309

By: Senators Irvin, B. Ballinger, Bledsoe, L. Eads, Elliott, J. English, Teague, C. Tucker, D. Wallace
By: Representatives L. Johnson, F. Allen, Boyd, Brown, Cloud, Clowney, D. Ferguson, K. Ferguson, C. Fite, V. Flowers, Haak, Hillman, Love, Lowery, Maddox, Magie, Murdock, Nicks, D. Whitaker, Wooten

For An Act To Be Entitled

AN ACT TO AMEND THE REQUIREMENTS FOR COVERAGE FOR
COLORECTAL CANCER SCREENING; AND FOR OTHER PURPOSES.

Subtitle

TO AMEND THE REQUIREMENTS FOR COVERAGE
FOR COLORECTAL CANCER SCREENING.

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

SECTION 1. Arkansas Code § 23-79-1201(3), concerning the definition of "persons at high risk for colorectal cancer" used under the coverage for colorectal cancer screening, is amended to read as follows:

(3) "Persons at high risk for colorectal cancer" means:

(A) Individuals over ~~fifty (50)~~ forty-five (45) years of age or who face a high risk for colorectal cancer because of:

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

(ii) A family history of colorectal cancer ~~in close relatives of parents, brothers, sisters, or children;~~

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

(iv) A personal history of colorectal cancer, ulcerative colitis, or Crohn's disease; or

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



(B) Any additional or expanded definition of “persons at high risk for colorectal cancer” as recognized by medical science and determined by the Secretary of the Department of Health in consultation with *the University of Arkansas for Medical Sciences* and consistent with guidelines issued by the United States Preventive Services Task Force.

SECTION 2. Arkansas Code § 23-79-1201, concerning the definitions used in the coverage for colorectal cancer screening, is amended to add an additional subdivision to read as follows:

(4) "Follow-up colonoscopy" means a colonoscopy that is performed as a follow-up to a colorectal cancer screening test, other than a colonoscopy, the result of which is:

(A) Positive; and

(B) Assigned either a grade of "A" or a grade of "B" by the United States Preventive Services Task Force.

SECTION 3. Arkansas Code § 23-79-1202 is amended to read as follows:
23-79-1202. Coverage – Applicability.

(a) A healthcare policy subject to this subchapter executed, delivered, issued for delivery, continued, or renewed in this state on or after August 1, 2005, shall include colorectal cancer examinations and laboratory tests within the healthcare policy's coverage.

(b) The coverage shall include colorectal cancer examinations and laboratory tests for:

(1) Covered persons who are ~~fifty (50)~~ forty-five (45) years of age or older;

(2) Covered persons who are less than ~~fifty (50)~~ forty-five (45) years of age and at high risk for colorectal cancer according to ~~American Cancer Society~~ colorectal cancer screening guidelines as they existed on ~~January 1, 2005~~ January 1, 2021; and

(3) Covered persons experiencing or meeting the following criteria or symptoms of colorectal cancer as determined by a physician licensed under the Arkansas Medical Practices Act, § 17-95-201 et seq., § 17-95-301 et seq., and § 17-95-401 et seq.:

(A) Bleeding from the rectum or blood in the stool; ~~or~~

(B) A change in bowel habits, such as diarrhea,

constipation, or narrowing of the stool, that lasts more than five (5) days;
or

(C) The need for a follow-up colonoscopy.

(c) After August 1, 2005, each employer that offers a healthcare policy to employees shall offer all eligible employees at the time of hiring or healthcare policy renewal a healthcare policy that includes colorectal cancer examinations and laboratory tests within the coverage of the employee's healthcare policy.

(d)(1) The colorectal screening shall involve an examination of the entire colon, including:

~~(A) The following examinations or laboratory tests, or both~~ All examinations, lab tests, or preventive screening tests assigned either a grade of "A" or a grade of "B" by the United States Preventive Services Task Force.

~~(i) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years;~~

~~(ii) A double-contrast barium enema every five (5) years; or~~

~~(iii) A colonoscopy every ten (10) years; and~~

~~(B) Any additional medically recognized screening tests determined by the United States Preventive Services Task Force for colorectal cancer required by the Secretary of the Department of Health, determined in consultation with appropriate healthcare organizations.~~

(2) The covered person shall determine the choice of screening strategies in consultation with a healthcare provider.

(3) Colorectal screening examinations shall be according to the choices and frequency provided by this subsection for all other covered persons.

~~(e)(1) Screenings shall be limited to the following~~ guidelines for the management or subsequent need for follow-up colonoscopy.

(2) The guidelines described in subdivision (e)(1) of this section shall include a guideline stating that if a healthcare policy provides coverage to a resident of this state, then the healthcare policy shall not impose any cost-sharing requirements for:

~~(1)(A) If the initial colonoscopy is normal, follow-up is~~

~~recommended in ten (10) years~~ A colonoscopy performed as a result of a positive result on a noncolonoscopy preventive screening test as described in subdivision (d)(1) of this section; or

~~(2)(B) For individuals with one (1) or more neoplastic polyps or adenomatous polyps, assuming that the initial colonoscopy was complete to the cecum and adequate preparation and removal of all visualized polyps, follow up is recommended in three (3) years~~ Any additional noncolonoscopy preventive screening tests for colorectal cancer required by the Secretary of the Department of Health in consultation with the University of Arkansas for Medical Sciences and consistent with guidelines issued by the United States Preventive Services Task Force;

~~(3) If single tubular adenoma of less than one centimeter (1 cm) is found, follow up is recommended in five (5) years; and~~

~~(4) For patients with large sessile adenomas greater than three centimeters (3 cm), especially if removed in piecemeal fashion, follow up is recommended in six (6) months or until complete polyp removal is verified by colonoscopy.~~

SECTION 4. Arkansas Code § 23-79-1204 is amended to read as follows:

23-79-1204. Exclusions and reductions – Benefits subject to annual deductible and coinsurance.

(a) Except as provided in subsection (b) of this section and § 23-79-1207, the coverage offered under § 23-79-1202 may contain any exclusions, reductions, or other limitations approved by the Insurance Commissioner concerning coverages, deductibles, or coinsurance provisions.

(b) The benefits provided in this subchapter ~~shall be~~ are subject to the same annual deductible or coinsurance established for all other covered benefits within a healthcare policy.

SECTION 5. Arkansas Code § 23-79-1207 is amended to read as follows:

23-79-1207. Cost-sharing.

(a) To encourage colorectal cancer screenings, patients and healthcare providers ~~may not~~ shall not be required to meet burdensome criteria or overcome significant obstacles to obtain coverage.

(b)(1) An individual shall not be required to pay an additional deductible or coinsurance for testing that is greater than an annual

deductible or coinsurance established for similar benefits.

(2)(A) Beginning on and after January 1, 2022, a healthcare policy offered to an employee at the time of hiring or healthcare policy renewal shall not contain a cost-sharing requirement for a follow-up colonoscopy.

(B) A covered person shall not be subject to a deductible, coinsurance, or any other cost-sharing requirement for services received from participating providers under a healthcare policy following an abnormal noncolonoscopy screening test, as an initial screening test is not considered complete until a follow-up colonoscopy is performed.

(c) If the program or contract does not cover a similar benefit, a deductible or coinsurance ~~may not~~ shall not be set at a level that materially diminishes the value of the colorectal cancer benefit required under this subchapter.

(d) Reimbursement to healthcare providers for colorectal cancer screenings provided under this section shall be equal to or greater than reimbursement to healthcare providers under Medicare, Title XVII of the Social Security Act, 42 U.S.C. § 1395 et seq., as it existed on ~~January 1, 2005~~ January 1, 2021.

SECTION 6. DO NOT CODIFY. EFFECTIVE DATE. This act is effective on and after January 1, 2022.

/s/Irvin