

**Scott Wilson Testimony**  
**Colorado House Health and Insurance Committee**  
**March 10, 2020**

Madame Chair, committee members. My name is Scott Wilson and I'm here on behalf of the Colorado Cancer Coalition in support of bi-partisan Bill HB1103.

I'm a stage 4 colorectal cancer survivor, diagnosed at 48, and now in remission, thanks to world class care in Colorado. With a 10% survival rate at Stage 4, I'm one of the lucky ones. Had I waited for screening at 50, I would not be alive. Screened at 45, it's highly unlikely I'd have been at the State Capitol today describing a late stage diagnosis.

Lucky maybe, but I'm far from unique. 65% of diagnoses among 45 to 49 year-olds in Colorado are late stage which costs more than \$600,000 per patient to treat. Without cover, my own costs would already have exceeded \$1.5m to date.

Let's be clear, though. I'm not a sympathy-seeking survivor, blind to cancer economics. Prior to volunteering for the Coalition, I was Chief of Corporate Affairs at Molson Coors, one of Colorado's largest employers. So, I know good business practice. Indeed, let's assume my only purpose is to advance the economic case for HB1103.

Then, I'd tell you colorectal cancer is a \$165m annual treatment bill in Colorado, that preventing just 10% of diagnoses would save \$74m over 4 years and that we'll save \$500,000 for every patient we convert from late to early stage.

Despite this, there's still a myth in some parts that HB1103 would necessitate an increase in premiums. So, let's break this Bill into its component parts and help insurers to balance their books.

Let's be clear. Reducing the screening age to 45 does not add new screens into the insured market. Instead of 50 and 60, Coloradans will now be screened at 45 and 55. The only financial implication here is positive, knowing that late stage diagnoses and deaths among 45-49 year olds will be stripped along with those staggering late stage treatment costs.

Part 2 - covering a colonoscopy after a positive first line stool test - is about as easy an economic evaluation as it gets.

Let's say I'm eligible for a colonoscopy but, for whatever reason – let's call it fear – I choose a stool test, fully processed for \$112.

Only 9% of us choose this route, so we're not talking big numbers. If the test is negative, which 90% are, good news all round.... And the insurer just saved \$1700 by not providing a colonoscopy.

That leaves 10% of stool tests coming back positive. Now, those folks really need a follow-up colonoscopy to know if they have polyps, whose removal prevents cancer, or

something worse. But suddenly, the procedure isn't covered and I have to pay \$1800 out of my own pocket; so most people don't.

Their cancer risk just increased SEVENFOLD along with the cost to treat them later when they finally show up with advanced cancer symptoms.

It's a dramatic picture, I know, but we're talking about less than 1/100 people, so this really is low level economics with a huge individual cost benefit for every diagnosis that's caught at early stage. So, no, this bill is not about sympathy. This is prudent healthcare.

Approval to advance HB1103 would be a strong signal of Colorado's leadership in preventive healthcare and truly welcomed by the cancer community.

Thank you for allowing me to testify... Happy to answer questions