



Ensuring Coverage for Colorectal Cancer Screening at Age 45

STATE POLICY ACTION PLANNING SESSION
AUGUST 25, 2020

FIGHT
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COLORECTAL CANCER



prevent & cancer
FOUNDATION

On August 25th, 2020, Fight Colorectal Cancer (Fight CRC), the American Cancer Society Cancer Action Network (ACS CAN) and the Prevent Cancer Foundation hosted a State Policy Action Planning Session on ensuring coverage for colorectal cancer (CRC) screening beginning at age 45.

The goal of the three-hour meeting was to bring together leaders in the CRC community including advocacy organizations, public policy professionals, researchers, clinicians and others to discuss what can be done together to help address the challenges around enacting policy at the state level to increase access to CRC screening.

This work is also an important piece of the goal of the National Colorectal Cancer Roundtable (NCCRT) to achieve 80% screening in every community. The meeting was led by Dr. Richard Wender, Chair, Family Medicine and Community Health at the University of Pennsylvania and Chair, NCCRT.

The Problem

The meeting sought to address how to successfully address the patchwork of state laws that dictate coverage for CRC screening.

In 2017, the American Cancer Society (ACS) investigators published in the Journal of the National Cancer Institute that CRC incidence rates are continuing to rise in young and middle-aged adults, including people in their early 50s. In addition, rectal cancer rates are increasing particularly fast, as 3 in 10 rectal cancer diagnoses are in patients younger than age 55.

In response to this rise in early-age onset (EAO) CRC, in May of 2018, ACS updated their guidelines for recommended screening for colorectal cancer for individuals at average risk from age 50 to age 45.

Coverage requirements for CRC screening vary by state. Some states have taken steps to ensure coverage beginning at age 45 for those with average risk, in accordance with ACS guidelines, while others follow other guidelines bodies such as the United States Preventive Services Task Force (USPSTF) or the American College of Gastroenterology.

Currently, 21 states have CRC screening statutes that reference ACS guidelines, however, not all of them currently recognize 45 as the age to begin screening. This means that for many patients, access to life-saving CRC screening for those 45-49 is dependent on what state they live in.

**This meeting took place prior to October 2020 when USPSTF announced the release of draft guidelines lowering the recommended screening age from 50 to 45. While this is welcome news, it will be some time until this recommendation is finalized and even then there will continue to be work to do to ensure that it is effectively implemented.*



WALTER HICKMAN | GEORGIA
STAGE II SURVIVOR, DIAGNOSED AT AGE 44

State Successes

Work has already begun to address this issue, and since ACS changed its guidelines in 2018, three states have successfully passed legislation to ensure that patients have access to CRC screening beginning at age 45.

Kentucky, Maine, and Indiana all serve as models that we can learn from and build off of to advance legislation elsewhere.



KENTUCKY

Kentucky originally adopted legislation to follow ACS guidelines for CRC screening in 2008. Therefore, when the updated guidelines came out in 2018, statute was already in place and the state recognized 45 as the CRC screening age.

Kentucky has passed multiple pieces of CRC-related legislation including one to create a Colorectal Cancer Advisory Committee made up of legislators, public health officials, and others that has been integral to help keep the focus on CRC in Kentucky.



MAINE

In May of 2019, Maine's Governor signed into law legislation updating Maine's CRC screening statute to remove the mention of a starting age and instead require that the state follow the most up-to-date guidelines of a national cancer organization. This approach allows for future change in the guidelines without needing additional legislation.

The ACS team in Maine was able to work with a conservative, Republican lawmaker as a champion to advance the legislation and framed the policy as an update to existing law versus a change. It ultimately passed both chambers unanimously.



INDIANA

In March of 2020, legislation was signed into law in Indiana which requires health insurance companies to cover CRC screening starting at age 45. Indiana also already had legislation on the books referencing ACS, but it made specific reference to age 50.

Advocates in Indiana used creative awareness tactics including delivering rolls of toilet paper to each office to gain support for their bill.



**NICOLE LORENZ | CALIFORNIA
STAGE IV SURVIVOR**

States in Progress

Several states are currently in the process of advancing legislation to ensure coverage for CRC screening beginning at age 45. In addition to the work being done by ACS CAN and others, late last year Fight CRC launched the Catalyst State-by-State Advocacy Program which aims to increase access and reduce barriers to CRC screening including ensuring access to CRC screening beginning at age 45.

Two Catalyst grantee states are currently working to advance policy on CRC screening at age 45: [Colorado](#) and [Arkansas](#).



COLORADO introduced legislation in the beginning of 2020 that passed the Colorado House of Representatives before the legislature shut down due to COVID-19



ARKANSAS is planning to introduce legislation in 2021.

Landscape

As we look to advance policy at the state level, it is important to consider the broader context both within and beyond the CRC community. COVID-19 has had a significant impact on just about every aspect of life, including CRC screenings. According to a report by Fight CRC and Komodo Health, **the number of colonoscopies and biopsies fell by nearly 90%** from mid-March 2020 to mid-April 2020, compared with the same period in 2019. Further research estimates over 4,500 excess deaths from CRC due to delays in CRC screening and treatment.

During the pandemic, responding to COVID-19 has also understandably been the central focus of most state legislatures and state public health agencies. But cancer has not stopped for COVID-19, and it is important that we work together to remind policymakers that ensuring people have access to CRC screening needs to remain a priority.

An NCCRT resource published in June 2020, [Reigniting Colorectal Cancer Screening As Communities Face And Respond To The COVID-19 Pandemic: A Playbook](#), describes additional implications of the pandemic on CRC screening and provides action-oriented steps to address these impacts.

It is also important to note that there are currently conflicting guidelines on the age to begin CRC screening. The USPSTF currently recommends CRC begin at age 50 for those at average risk with an A rating. Federally-regulated health plans and Medicare are required to cover all preventive tests with an A or B rating from USPSTF without out-of-pocket costs for patients. States, however, can implement statute to follow USPSTF, ACS or another guideline body through state legislation.

The USPSTF recently released an updated draft guideline lowering the recommended age to begin CRC screening from 50 to 45, but health plans will not have to change their coverage until this is finalized. Additionally, the future of the Affordable Care Act is in question due to a lawsuit questioning the constitutionality of the law. Should the law be struck down, the requirement to cover preventive services would fall with it, making state policy all the more important.



Prevent Cancer Foundation's recent report, [“Gut Check: Young-Onset Colorectal Cancer Report”](#), is a resource for advocates, state and federal legislators, state public health agencies, and insurance commissioners. It provides an overview of the state landscape on EAO CRC including incidence rates and which screening guidelines each state follows, highlighting the patchwork of coverage for CRC screening across the United States.

DOWNLOAD REPORT

Discussion

During the meeting attendees were put into three breakout groups and tasked with identifying 3-5 priorities or issues the group can address to help advance state policy efforts to ensure coverage for screening at 45.

Each group discussed the following questions:

- *What are the main challenges with advancing state policy around coverage for 45?*
- *What are the main opportunities with advancing state policy around coverage for 45?*
- *What data/resources do we currently have to support these efforts? What do we need?*

Each group included at least one representative from a state who has successfully advanced policy on this issue to provide first-hand knowledge of what worked, what didn't, and what is needed. Following the breakout sessions, one person from each group presented on their discussion and several key themes emerged:

STATE POLICY BEST PRACTICES

Throughout the discussion the group heard from those who are currently working to advance policy change and those who have successfully passed legislation. A number of best practices and strategies for success emerged from the discussion.

- Identify and develop engaged patient advocates
- Collect patient stories to illustrate and support policy ask
- Work with a high-quality government relations professional
- Develop a targeted public relations strategy including social media
- Utilize legislation from other states as a model

ECONOMIC DATA

There is a definitive need for more data to help provide a clearer picture of the economic impact associated with increased access to CRC screening. Several states who have worked or are currently working on this policy shared that they have received pushback from legislators concerned that beginning screening at age 45 will increase costs among commercial payers as well as Medicaid.

As states struggle with the impact of COVID-19 on state budgets, they may resist legislative changes with any fiscal implications. Payers and any associations that represent them may similarly push back on increased coverage requirements.

A key part of combatting this will be gathering state-level data on the economic toll of cancer treatment both in terms of medical bills and the unique costs faced by younger people. The group identified the following state-specific data that would be helpful:

- The costs of cancer care to commercial payers and Medicaid
- The average cost of CRC screening (invasive and non-invasive) to commercial payers and Medicaid
- The unique costs of cancer for younger people (i.e. lost wages, child care, disability, etc)
- A list of health plans that have chosen to cover CRC screening beginning at age 45 (both nationwide and state/locally) and their rationale to create a series of case studies for making the change

Next Steps: Develop a clear, concise template that includes the above data in a way that is accessible and persuasive for policymakers. Include direction and resources for where to obtain that data (national data sources, reaching out to local providers, etc).

STATE-SPECIFIC DATA

Another theme from the discussion was the importance of state-specific data to support policy efforts. Policymakers need to understand the specific burden of CRC in their state and in the communities they serve. Specifically:

- Number of people who would be impacted by coverage for 45 [potential number of lives saved]
- Disease burden in 45-49 age demographic
- State-specific screening rate decreases due to COVID-19

Next Steps: Collecting and compiling the above data into a clear, easy-to-digest, state-specific format. Include direction and resources for where to obtain that data (ex: state cancer registry, Department of Insurance or Health, etc).