

As drafted by the California Colorectal Cancer Coalition (C4):

[DATE]

[LEGISLATOR'S/CHAIR'S INFORMATION]

RE: [BILL NUMBER] – Support

Dear [MEMBER XX]:

On behalf of [ORGANIZATION NAME] we are writing to support [BILL NUMBER], to eliminate cost-sharing for patients who need follow-up colonoscopies after a positive stool screening test.

Colorectal cancer is the second leading cause of cancer deaths in the United States¹ but is the most preventable with screening and early detection. Timely and appropriate screening can decrease colorectal cancer incidence and mortality by 30% to 60%². The uninsured and underinsured are least likely to get screened and most likely to be diagnosed at a late stage, where survival rates drop to 13 percent³. While colorectal cancer incidence has decreased among all four major racial/ethnic groups, screening rates among those in poverty and among Hispanics remains low. Furthermore, invasive colorectal cancer incidence is higher among California's African Americans and Asian/Pacific Islanders. African Americans have the highest death rate and shortest survival of any racial/ethnic group in the US for most cancers. Colorectal cancer is the third most common cancer in both black men and women. Incidence rates are higher in black males and females compared to whites (27% and 22%, respectively)⁴.

The Affordable Care Act (ACA) requires all private insurers to cover preventive services that receive an A or B rating from the United States Preventive Services Task Force (USPSTF) without any patient cost-sharing. The USPSTF has assigned colorectal cancer screening an "A" rating, which includes, colonoscopy, sigmoidoscopy, and high-sensitivity fecal occult blood testing (FOBT) for adults beginning at age 50 until age 75 years.

High-sensitivity FOBT tests are effective, non-invasive, easily accessible, and safe screening tests that are more cost efficient than colonoscopies. However, a positive test result requires that a follow-up colonoscopy be provided. Health plans often require patients to pay out-of-pocket cost-sharing for the follow-up colonoscopy which can be a barrier to patients completing their

¹ Siegel R, Naishadham D, Jemal A. Cancer statistics, 2013. *CA Cancer J Clin.* 2013;63(1):11-30.

² Whitlock EP, Lin JS, Liles E, Beil TL, Fu R. Screening for colorectal cancer: a targeted, updated systematic review for the US Preventive Services Task Force. *Ann Intern Med.* 2008;149(9):638-658.

³ American Cancer Society, California Department of Public Health, California Cancer Registry. *California Cancer Facts and Figures 2015.* Oakland, CA: American Cancer Society, Inc. California Division.

⁴ California Cancer Facts and Figures for African Americans 2016-18. Oakland, CA: American Cancer Society, Inc. California Division.



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colorectal cancer screening. Multiple studies^{5 6 7} have shown that individuals are less likely to seek health services, including preventive screenings, when they are required to pay for those services out-of-pocket. Additionally, research⁸ has shown that limiting colorectal cancer screening choices to only colonoscopy can result in a lower colorectal cancer screening completion rate compared to providing a choice between colonoscopy and a stool-based test, particularly among racial and ethnic minorities.

Evidence-based screenings help reduce cancer incidence and mortality. Eliminating out-of-pocket cost-sharing for follow-up colonoscopy after a positive stool test will eliminate a significant barrier to colorectal cancer screening. Passage of [BILL NUMBER] will provide an effective and cost-efficient screening option for more Californians and save more lives. For these reasons, [ORGANIZATION NAME] is proud to support [BILL NUMBER].

Sincerely,

[ORGANIZATION'S CONTACT INFORMATION]

⁵ Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50.

⁶ Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71.

⁷ Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83.

⁸ Inadomi JM, Vigan S, Janz NK, Fagerlin A, Thomas JP, Lin YV, et al. Adherence to colorectal cancer screening: a randomized clinical trial of competing strategies. *Arch Intern Med*. 2012; 172(7): 575-82. doi: 10.1001/archinternmed.2012.332.