

## **Testimony for House Bill 108 in Kentucky**

*Given by Whitney Jones, MD on February 4<sup>th</sup>, 2021*

Thank you: Chair Mouser, members of the H and W committee, and for the last 13 years of bipartisan legislative support.

My name is doctor Whitney Jones. I am the Founder of the colon cancer prevention project and the current chair of the Kentucky Colon Cancer Screening Program (KCCSP) Advisory Committee. I appreciate the opportunity to testify on behalf of Representative Prunty's House Bill 108, The Medicaid CRC Screening and Prevention Coverage Bill

Since its inception in 2008, The KCCSP and its designated advisory committee have engaged with 2 primary goals: first overseeing a state-based program providing CRC screening and underinsured Kentuckians. Second, and more broadly, increasing evidence-based CRC screening rates for all Kentuckians. The KCCSP has been a cornerstone in our commonwealth's nation leading improvements in CRC screening rates and the results bear repeating: Over the 20 year period, from 49<sup>th</sup> to 22<sup>nd</sup> in screening rates. Incidence is down 27% and mortality down over 30%. Translated, each and every year 250 fewer CRC deaths because of earlier detection and 400 CRC cases are totally prevented through polyp removal. Thousands of lives and likely hundreds of millions of advanced cancer treatment dollars saved.

A critical part of our success has been from the Dept of Medicaid who have embraced CRC screening and prevention through early adoption of our BEST IN NATION CRC screening and genetic testing statutes that have so greatly contributed to our success. Given that 1/3 of CRC screening age eligible adults are enrolled, future improvements MUST include Medicaid and their Managed Care Organizations.

This bill updates and codifies current coverage for Medicaid to mirror our KY statutes for commercial insurance for several issues.

The updates include:

- Provides parity and consistency. Coverage will match exactly the same level of cancer risk genetic testing coverage and guidelines as does our small market private health insurance plans in KRS 304.17A 257 and 259. A few months ago different MCOs were not covering all ACS recommended screening guideline tests; they are now. We want to keep this uniform coverage by putting these coverages in statute. Following the ACS Guidelines means providing the same coverage of approved screening tests no matter the MCO, or for the fee for service eligible.
- Provides certainty that this cancer care and cancer risk genetic testing will not go away or get negotiated away by future Managed Care Organization contracts. MCO contracts change sometimes yearly. We want providers and patients to know this current coverage

for Colorectal Cancer and Cancer risk genetic testing is here to stay. This bill will clarify existing confusion in the Medicaid healthcare marketplace for patients and providers.

- And since Medicaid is CURRENTLY covering these services, there is no associated fiscal impact to Medicaid or to the Commonwealth, as this is already existing.
- Kentucky needs more guideline driven, evidence-based CRC screening and genetic testing. NCCN guideline-based coverage helps people with breast, ovarian, endometrial, prostate, pancreas, gastric and yes colon cancer - get the prevention and treatment they need. This in turn, saves lives and reduces treatment costs for advanced cancer that could have been prevented or detected earlier. That's why UK Markey, UL Broen cancer centers and ACOG support this bill.

Codifying the current CRC and genetic testing Medicaid coverage will further position us to lead the nation in CRC screening improvement leader for the next decade, as we re-tool to: **catch up** from COVID/**on-board** the 45-49 NOW eligible for screening and **leave no group behind**. Thank you again on behalf of the KCCSPP program advisory Committee and the Kentuckians that this critical program serves. Please support HB 108 and consider voting Yes.