

Congress of the United States

Washington, DC 20515

May 22, 2025

The Honorable Robert Aderholt
Chair
Subcommittee on Labor, HHS,
Education and Related Agencies
2358-B Rayburn House Office Building
Washington, D.C. 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, HHS,
Education and Related Agencies
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Chair Aderholt and Ranking Member DeLauro:

As you consider the Labor, Health and Human Services, and Education Appropriations bill for Fiscal Year (FY) 2026, we encourage the Committee to include ***\$51 million for the Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP)***. The increase in funding will allow the CRCCP to reach more communities in more states and serve populations that face the greatest challenges to getting screened.

Colorectal cancer is the second leading cause of cancer death among men and women combined. According to the American Cancer Society, it is estimated that over 154,270 cases of colorectal cancer will be diagnosed in the United States in 2025, and 52,900 people will die.¹ Colorectal cancer is one of the only preventable cancers and is highly treatable when caught early. It is more imperative than ever that we support programs like the CRCCP that increase education and screening in underserved communities. It is estimated that tens of thousands of colorectal cancer deaths could be avoided if people are screened appropriately.²

Colorectal cancer does not affect all Americans equally. According to the American Cancer Society, colorectal cancer incidence is highest among American Indian and Alaska Native individuals followed by non-Hispanic Black individuals. Rural Americans are more likely to be diagnosed with and die from colorectal cancer than those in urban areas. These groups are also less likely to be screened for colorectal cancer and as a result are more likely to present with late stage, incurable disease.³

¹ American Cancer Society. Cancer Facts & Figures 2025. Atlanta: American Cancer Society; 2025. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2025/2025-cancer-facts-and-figures-acf.pdf>

² Meester RG, Doubeni CA, Lansdorp-Vogelaar I, Goede SL, Levin TR, Quinn VP, Ballegooijen Mv, Corley DA, Zuber AG. Colorectal cancer deaths attributable to nonuse of screening in the United States. *Ann Epidemiol*. 2015 Mar;25(3):208-213.e1. doi: 10.1016/j.annepidem.2014.11.011.

³ American Cancer Society. Colorectal Cancer Facts & Figures 2020-2022. Atlanta: American Cancer Society; 2020. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-factsand-figures-2020-2022.pdf>

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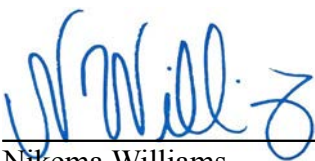
The CRCCP's mission is to increase colorectal cancer screening rates among people between the ages of 45 and 75 by implementing evidence-based interventions through partnerships with local health systems and providing screening and follow-up services for the country's most vulnerable patients.

The CRCCP currently supports 35 award recipients, including 20 states, eight universities, two tribal organizations, and five other types of organizations. Grants are awarded through a competitive process designed to focus on increasing screening in targeted populations by working with local community organizations. This allows each community to implement an evidence-based program that works best for its unique population. Recipients are partnering with over 500 clinics across the U.S., operating in 32 states and the District of Columbia, and serving over 600,000 patients ages 45-75. In the previous five-year funding cycle (2015-2019), the program partnered with over 800 clinics that served 1.3 million patients, and among clinics participating for all five years, screening rates increased by an average of 13 percentage points in the first four years, saving money and saving lives.

As the Committee continues its work on the FY26 appropriations bills, we ask that you provide \$51 million for this important program so that the CRCCP can continue its work and expand lifesaving screening to all of our nation's most vulnerable patients.

We appreciate your consideration and look forward to working with you on this important matter.

Sincerely,



Nikema Williams
Member of Congress



William R. Keating
Member of Congress



Brendan F. Boyle
Member of Congress



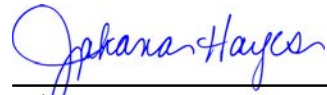
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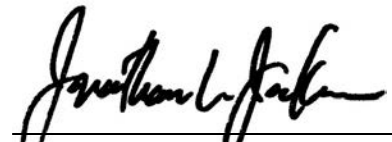
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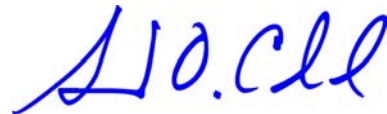
Jason Crow
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Lori Trahan
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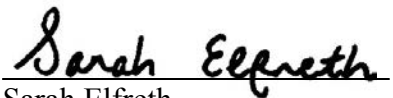
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