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**Insurance and Real Estate Committee
February 21, 2012
Testimony of the American Cancer Society**

The American Cancer Society supports S.B. No. 98 - An Act Concerning Deductibles and Guidelines for Colonoscopies.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. According to the American Cancer Society's latest estimates, 102,900 new cases of colon cancer were diagnosed in 2010 while 51,370 people died from the disease.

Overall, the lifetime risk for developing colorectal cancer is about 1 in 19 (5.2%). This risk is slightly higher in men than in women. A number of other factors may also affect a person's risk for developing colorectal cancer.

The death rate (the number of deaths per 100,000 people per year) from colorectal cancer has been dropping for more than 20 years. There are a number of likely reasons for this. One is that polyps are being found by screening and removed before they can develop into cancers. From the time the first abnormal cells start to grow into polyps, it usually takes about 10 to 15 years for them to develop into colorectal cancer. Regular screening can, in many cases, prevent colorectal cancer altogether.

Screening also allows more colorectal cancers to be found earlier, when the disease is easier to cure. In addition, treatment for colorectal cancer has improved over the last several years. As a result, there are now more than 1 million survivors of colorectal cancer in the United States.

Not only does colorectal cancer screening save lives, but it also is cost effective. Studies have shown that the cost-effectiveness of colorectal screening is consistent with many other kinds of preventive services and is lower than some common interventions. It is much less expensive to remove a polyp during screening than to try to treat advanced colorectal cancer. With sharp cost increases possible as new treatments become standards of care, screening is likely to become even more cost effective.

Several colorectal cancer screening tests are available, but only about half of people aged 50 and older have them. Some factors affecting their use could include lack of public and health professional awareness of screening tools, financial barriers, and inadequate health insurance coverage and/or benefits.

The relative 5-year survival rate for colorectal cancer when diagnosed at an early stage before it has spread is about 90%. But only about 4 out of 10 colorectal cancers are found at that early stage. Once the cancer has spread to nearby organs or lymph nodes, the 5-

year relative survival rate goes down, and if cancer has spread to distant organs (like the liver or lung) the rate is about 11%.

The American Cancer Society believes that all people should benefit from cancer screenings, without regard to health insurance coverage. Limitations on covered benefits should not block your ability to benefit from early detection of cancer. To that end, the Society supports policies that give all people access to and coverage of early detection screening for cancer. Such policies should be age- and risk-appropriate and based on current scientific evidence as outlined in the American Cancer Society's early detection guidelines.

Provisions in the Affordable Care Act (ACA) require that colorectal cancer screening exams be covered by insurance companies at no cost to the patient, with a few exceptions. However, many patients are facing co-payments and deductibles unexpectedly in the circumstance that a screening exam gets marked as a diagnostic exam once a polyp is found and removed.

SB 98 would prohibit deductible requirements to a covered patient for any procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy. The American Cancer Society strongly supports legislation that improves the affordability and availability of health care for cancer patients and we urge a Joint Favorable report on this bill.

Thank you.