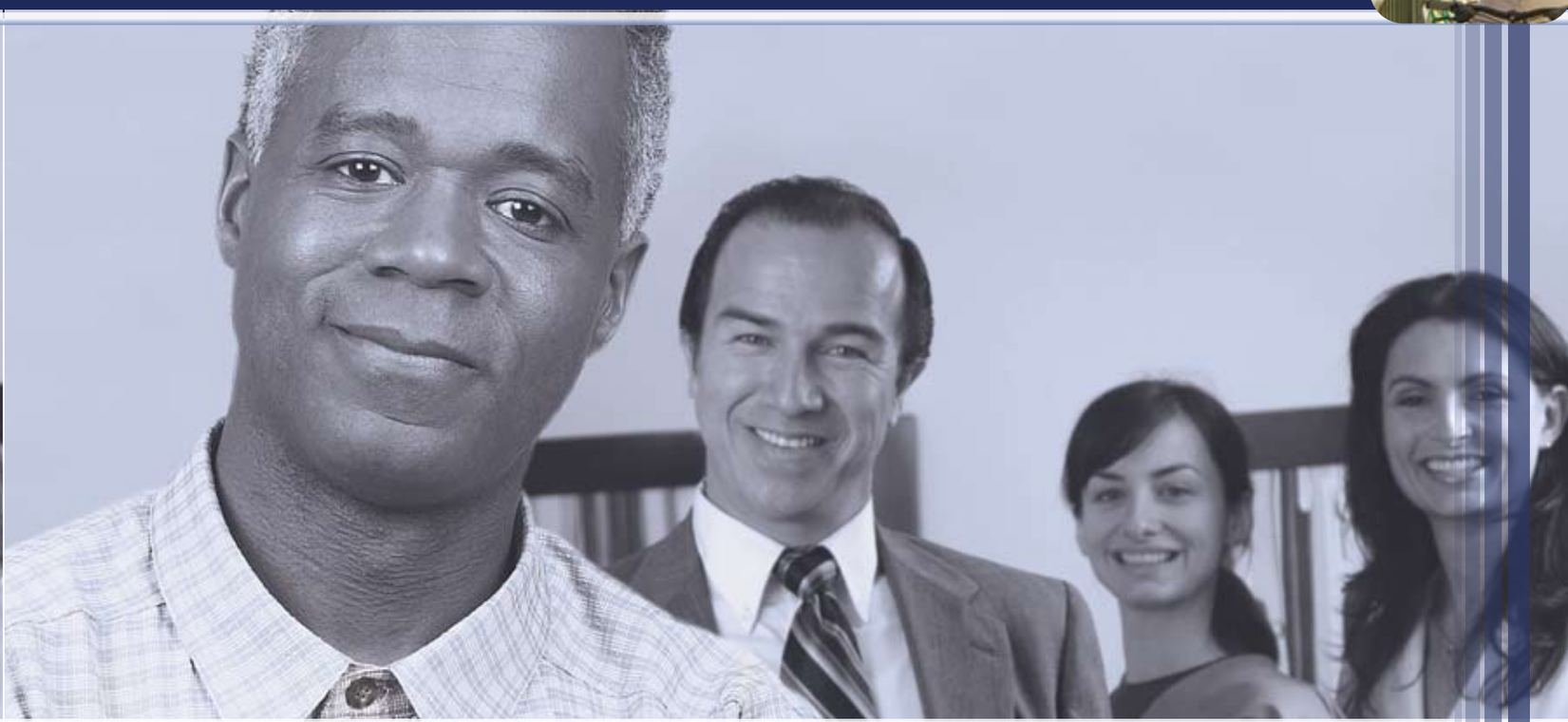
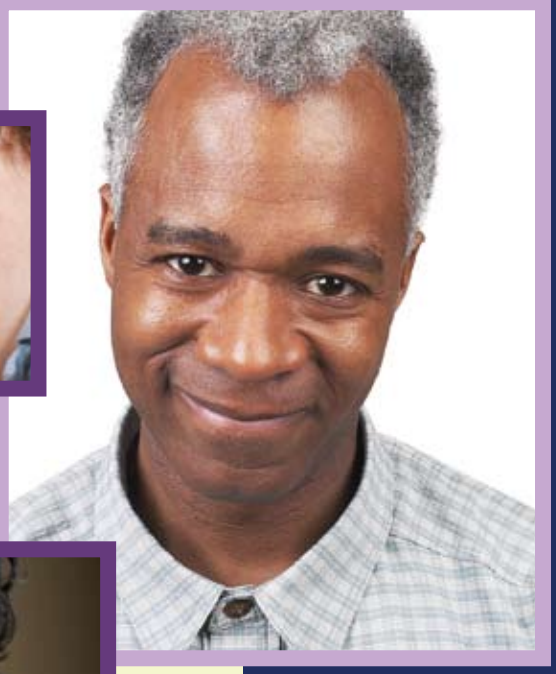
PREVENTING COLORECTAL CANCER



Tool Kit

healthy states
CSG's partnership to promote public health
www.healthystates.csg.org



Preventing Colorectal Cancer

Legislator Policy Brief

The Healthy States Initiative

A partnership to promote public health

The Healthy States Initiative helps state leaders access the information they need to make informed decisions on public health issues. The initiative brings together state legislators, Centers for Disease Control and Prevention (CDC) officials, state health department officials and public health experts to share information and to identify innovative solutions.

The Council of State Governments' partners in the initiative are the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). These organizations enhance information–sharing with state legislators and policymakers on critical public health issues.

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Why public health?

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health. Public health agencies educate the public and offer interventions across a wide spectrum of public health issues including:

- Ensuring that children and at–risk adults are immunized against deadly diseases;
- Assisting victims of chronic conditions such as cancer, heart disease and asthma;
- Preventing disease and disability resulting from interactions between people and the environment;
- Researching how HIV/AIDS infections and other sexually transmitted diseases can be prevented;
- Promoting the health and well–being of people with disabilities; and
- Working with schools to prevent risky behavior among children, adolescents and young adults.

Information resources for state policymakers

New information resources produced under this initiative include:

- Healthy States Web site. This unique Web site offers information and resources on many public health issues. Visit *http://www.healthystates.csg.org* to get information, sign up for publications and view other information on the initiative.
- Health Policy Highlights and Healthy States e–weekly. Each week, this free weekly electronic newsletter brings the latest public health news, resources, reports and upcoming events straight to your inbox.
- Healthy States Quarterly. CSG publishes a free quarterly newsletter covering public health legislative and policy trends, innovative best practices from the executive and legislative branches, current research and information on Healthy States activities.
- Forums and Web Conferences. Web conferences are offered to allow public health experts, legislators and legislative staff to interact on priority public health issues. Forums include educational sessions on public health issues, new legislator training and roundtable discussions with peers and public health experts.
- Healthy States Publications. New resources will assist state legislators interested in public health topics, including obesity and chronic disease prevention, HIV/AIDS and sexually transmitted disease prevention, vaccines, health disparities and school health.

For more information

If you are interested in the learning opportunities available through the Healthy States Initiative, visit *http://www.healthystates.csg.org*, *http://www.nbcsl.org* or *http://www.nhcsl.org*.

Preventing Colorectal Cancer
Overview

Colorectal cancer is the second–leading cause of cancer–related deaths in the United States, behind only lung/bronchus cancer. More than 56,000 Americans will die of colorectal cancer this year and approximately 145,000 people will be diagnosed with the disease. Yet, at least half of these deaths could have been prevented through regular screenings and early detection.[1] This *Legislator Policy Brief* provides state policymakers with key background information about colorectal cancer and identifies proven and cost–effective prevention strategies for states.

What Do Legislators Need to Know About Colorectal Cancer?

- **Colorectal cancer is common and can be deadly.** Colorectal cancer is the third most common cancer for men and women, and 90 percent of cases occur in people over age 50. In 2002, the most recent year for which data are available, 139,534 Americans were diagnosed with colorectal cancer and 56,603 died from it.[2]
- **The costs of colorectal cancer are staggering.** The annual cost of cancer in the United States in 2006 was estimated to be $206.3 billion, of which direct medical costs accounted for $78.2 billion and lost productivity accounted for $128.1 billion. Costs associated with treatment for colorectal cancer are estimated at $8.4 billion for 2006.[3]
- **Screening improves chances of cure and reduces treatment costs.** Because colorectal cancer usually starts as a slow–growing polyp, an abnormal growth, screening makes prevention possible. Screening helps find precancerous polyps so they can be removed before they turn into cancer. Screening also makes early detection possible; finding cancers early greatly improves the chance of being cured and reduces treatment costs.[4]
- **Screening rates are increasing, but are still low.** Screening has been low compared with the use of other cancer screening tests,[1] but screening rates are slowly starting to increase. In 2004, only 57 percent of Americans age 50 or older reported being screened at the recommended intervals.[1] Screening rates are particularly low among people who have no insurance, no usual source of health care, and those whose doctors do not recommend screening.[5] There are also disparities in screening rates by race and ethnicity.[6]

What Can State Legislators Do to Help Prevent Colorectal Cancer?

- **Launch public awareness campaigns.** Dedicate funding to media campaigns that raise public awareness about colorectal cancer and the importance of screenings.
- **Promote screenings.** Create programs to improve access to screening services by making sure that uninsured or underinsured people can afford screenings.
- **Target health disparities.** Create culturally and ethnically appropriate outreach and screening efforts.
- **Extend insurance coverage.** Consider requiring health care insurers to cover costs for screenings.

Actions for State Legislators

Demonstrate Leadership

- **Use the media.** Support colorectal cancer screening—if you or a family member are a cancer survivor, share your story.
- **Know the toll of colorectal cancer in your state.** Contact your state health department to learn the facts about how colorectal cancer is impacting people in your community, district and state.

Launch Public Awareness Campaigns

- **Use materials created by the CDC.** CDC's Screen for Life: National Colorectal Cancer Action Campaign has culturally competent educational campaign materials, including fact sheets, brochures and public service announcements, available in English and Spanish at *http://www.cdc.gov/colorectalcancer/what_cdc_is_doing/sfl.htm*. Offer them in your office, mention them in newsletters or link to them from your legislative Web site.
- **Secure dedicated funding for awareness programs.** Illinois, for example, provides taxpayers with the opportunity to donate funds to colorectal cancer research and awareness programs through a check–off on their tax forms.
- **Observe National Colorectal Cancer Awareness Month.** March is National Colorectal Cancer Awareness Month. Recognize it with a resolution, a statewide awareness campaign or both. More information is available at *http://www.preventcancer.org/colorectal*.

Promote Screenings

- **Establish screening programs for the uninsured and underinsured.** For example, Nebraska's Colon Cancer Screening Program, one of five recently funded CDC colorectal cancer screening demonstration projects, provides screening to uninsured and underinsured residents aged 50 or older. For more information about the demonstration projects see: *http://www.cdc.gov/nccdphp/press/colorectal_cancer.htm*.
- **Encourage health care providers to use client reminders.** The Task Force on Community Preventive Services found sufficient evidence to recommend as a screening promotion strategy the use of letters, postcards or telephone calls to remind clients they are due for a screening.[7]
- **Educate the public about the benefits of screening.** Colorectal cancer is the second–leading cause of cancer death, yet screening rates continue to be low.
- **Improve access to screening services.** Location, hours of operation and availability of child care can be significant barriers to screening.[8]
- **Make sure your constituents know that Medicare covers colorectal cancer screening, including colonoscopy.** More information is available at *http://www.medicare.gov/health/coloncancer.asp*.

Target Health Disparities

- **Use culturally sensitive messages.** To make sure public awareness campaigns are effective in reaching targeted audiences, use culturally appropriate language and messages.
- **Support programs to educate health care professionals.** Making sure that health care professionals know about cultural differences and are in compliance with anti–discrimination laws will help provide appropriate care to everyone.
- **Encourage recruiting and hiring of minority staff in public health departments and programs.**
- **Develop a statewide resource center for cross–cultural health practices.**
- **Support policies that seek to reduce barriers to patient care in the state's health care and health insurance programs and Medicaid.**
- **Be aware that screening rates differ among racial and ethnic groups**. Use CDC's Behavioral Risk Factor Surveillance System (BRFSS) data to assist in determining where outreach efforts are needed. Visit CDC's BRFSS Web site at *http://www.cdc.gov/brfss*.

Extend Insurance Coverage

- **Consider mandating insurance coverage for colorectal cancer screening.** Eighteen states currently have laws requiring insurers to cover colorectal screening tests in accordance with American Cancer Society guidelines. By comparison, 47 states have laws requiring insurance coverage for breast cancer screening.[9]
- **Work with insurers to voluntarily expand benefits.** If coverage is not or cannot be mandated in your state, work with insurers to develop benefits that include colorectal cancer screenings.

Other Things You Can Do

- **Support colorectal cancer research.** Once a patient enrolls in a clinical trial, insurance coverage is often denied for routine medical care, such as doctor visits, hospital stays and laboratory tests. Studies show that denying insurance coverage is a significant barrier to securing adequate participation in clinical trials. Currently, 19 states mandate insurance coverage for clinical trial participants' routine medical care.
- **Learn more about current research.** Find out the latest in CDC colorectal cancer research efforts by visiting *http://www.cdc.gov/cancer/colorectal*.

State Policy Examples

A Multifaceted Approach to Prevention in Colorado

The Colorado Colorectal Screening Program, which is funded by tobacco tax revenue and led by the University of Colorado Cancer Center, provides screening services to medically underserved Coloradoans as part of a comprehensive approach to colorectal cancer control.

Other screening promotion efforts include a four–year awareness project targeted at individuals ages 50 to 74, media and educational events in recognition of Colorectal Cancer Awareness Month (March), and a CDC–funded study to increase screening rates in rural northeastern Colorado.

In addition to education campaigns targeting the general public, Colorado has programs aimed at educating health care professionals, such as Screen the Screener, which is designed to encourage health professionals to promote colorectal cancer screening and send the message that colorectal cancer screening is a priority. Colorado also passed legislation in 2005 requiring insurers to disclose colorectal cancer screening benefits.

http://www.coloradocancercoalition.org/task/task_colorectal.aspx

Covering Screening and Treatment Costs in Delaware

Delaware, like many East Coast states, has cancer mortality rates higher than the national average and until recently had either the first or second highest mortality rate in the nation each year. Though rates are still high, Delaware's Cancer Consortium is making significant progress in increasing screening rates, especially among the uninsured. The consortium was created by a 2001 legislative mandate and funded by tobacco settlement dollars and state discretionary funds.

Part of a comprehensive cancer control effort, Delaware's Screening for Life program pays for colorectal cancer screening and up to 12 months of treatment for those who are uninsured or underinsured and lack the means to pay for the tests and treatment on their own.

Additionally, because health disparities are as much a problem in Delaware as the rest of the nation, the Champions of Change program targets prevention messages to the African–American community through the use of culturally specific campaign materials and locally based efforts to promote screening.

http://www.dhss.delaware.gov/dhss/dph/dpc/partners_prevention.html

Increasing Prevention and Early Detection in New York

Since 1997, New York has ensured access to routine colorectal cancer screenings to underserved and uninsured populations ages 50 and older through a unique program using local initiatives throughout the state. The program, which is funded through state appropriations, increases the prevention and early detection of colorectal cancer, helping to reduce mortality. In 2006, New York passed legislation to provide treatment services to those diagnosed with colorectal cancer in the state program.

The program also raises public awareness about colorectal cancer prevention. Currently, 30 community–based partnerships involving 43 counties provide colorectal cancer screening as well as education about prostate health, prostate cancer and issues related to screening and treatment. These programs coordinate with local Cancer Services Program Partnerships to become the foundation of an integrated approach to providing cancer education, screening and early detection services for priority populations.

http://www.health.state.ny.us/nysdoh/cancer/center/cancer_services.htm

Increasing Screening Rates and Encouraging Better Nutrition in North Carolina

North Carolina has some of the highest total screening rates in the country, but the rates differ by race and income, with African–Americans as a group trailing whites, and low–income people trailing middle–income people. Only 32 percent of colorectal cancers in the state, however, are diagnosed in the early stage, when treatment costs are lowest and chances of five–year survival are 90 percent.

Many prevention strategies have been used in North Carolina. For example, a 2001 state law requires insurance coverage for colorectal cancer screenings in accordance with American Cancer Society guidelines. The state's health department also has adopted a Comprehensive Cancer Control Program that promotes awareness of cancer screening, early detection and prevention.

In another effort, the National Cancer Institute funded a demonstration program using community churches to encourage rural African–Americans to increase their consumption of fruits and vegetables. Studies have shown that eating a high–fiber, low–fat diet lowers the risk of many chronic diseases. Evaluation of the demonstration program showed that it was successful in boosting fruit and vegetable consumption among rural African–Americans.

http://www.communityhealth.dhhs.state.nc.us/cancer.htm

Advice from a State Legislator

Building an Effective Outreach Program

Donne E. Trotter
Illinois Senate

Sen. Donne Trotter is a former director of minority health for the Cook County Department of Public Health with more than 20 years of service to the Cook County health care system. Trotter was first elected to the Illinois General Assembly in 1988.

His Advice to State Legislators:

- **Make screening a priority.** Trotter emphasized that health is essential to quality of life and that getting preventive screenings is vital to good health. In order to ensure that Illinoisans had access to screenings, he said, "in 2003, we mandated that insurance plans in Illinois must cover colonoscopy tests, the same as we did with cervical cancer and breast cancer."
- **Support awareness programs.** "Like most states, … there's only a finite amount of money that's available. So, we created an income tax check–off that would go solely to an awareness program," Trotter explained, describing Illinois efforts to fund a colorectal cancer awareness program. Enhancing access to screening with coverage mandates isn't enough—education is needed to encourage people to seek screening.
- **Build for the future.** "A healthy society means you are going to have a healthy economy. Open up your offices and open up your mind—find out what is going on around you." Trotter suggested that legislators make contacts with the state health department, medical society and other programs in order to identify state colorectal disease and death rates, as well as health disparities.

Source: Healthy States October 2005 Web Conference, "Reducing Colorectal Cancer: Screening, Access and Services in Minority and Underserved Communities." Archive available at *http://www.healthystates.csg.org/Events+and+Conferences/Web+Conferences/Colorectal+Cancer+Web+Conference.htm*.

Want to Know More?

We'll help you find experts to talk to about this topic

If you would like to explore this topic in greater depth, contact us at the Healthy States Initiative and we'll help you connect with…

- an expert on this issue from the CDC.
- fellow state legislators who have worked on this issue.
- other public health champions or officials who are respected authorities on this issue.

Send your inquiry to *http://www.healthystates.csg.org/* (keyword: inquiry) or call the health policy group at (859) 244–8000 and let us help you find the advice and resources you need.

Advice from a Public Health Official

Creating a Statewide Cancer Fighting Consortium

Dr. Paul Silverman
Delaware Division of Public Health

Dr. Paul Silverman, associate deputy for health information and science in the state of Delaware's Division of Public Health, helps to staff the Delaware Cancer Consortium (DCC). The DCC, a 15–member council with seven standing committees, advises the governor and the legislature about potential methods for reducing cancer cases and deaths in the state. Four state legislators—two from the House and two from the Senate—serve on the council.

The DCC began meeting in April 2001 with the understanding that its work would be focused on developing a clear and usable cancer control plan. Many initial efforts of the plan focused on screening for and early detection of colorectal cancer. Efforts included screening for uninsured patients and adding state funded colorectal cancer screening to the federally funded breast and cervical cancer treatment program.

According to Silverman, key elements in Delaware's cancer control program include:

- Support from high–ranking, credible and passionate leaders. In Delaware, Gov. Ruth Ann Minner was committed to creating a powerful and effective cancer–fighting plan. Because Minner had lost her husband to cancer, her personal story and drive were instrumental;
- Support and stories from ordinary state residents;
- A focused plan with feasible goals; and
- Legislative support and broad–based participation.

His Advice to State Legislators:

- **Support screening legislation.** Silverman recommended that legislators consider supporting legislation to require insurers to cover colorectal cancer screening services that are based on nationally accepted guidelines.
- **Support social marketing.** Funding social marketing strategies about the importance of age–appropriate colorectal cancer screening is key to increasing awareness and screening rates.
- **Work with business leaders.** "Work with state chambers of commerce and local businesses to support health promotion strategies that include colorectal cancer screening—that is, time off for colonoscopy preparation and procedure," Silverman said.

Key Facts and Terms

What Is Colorectal Cancer?

- Cancer of the colon or rectum, which together make up the large intestine, has few, if any, symptoms in its early stages.
- It usually begins as slow–growing polyps or abnormal growths. Removing polyps can prevent colorectal cancer.

Who Gets Colorectal Cancer?

- Colorectal cancer is the second leading cause of cancer–related deaths in the United States, behind only lung/bronchus cancer.[1]
- More than 56,000 Americans will die of colorectal cancer this year, and approximately 145,000 will be diagnosed with the disease.[1]
- In 2002, the most recent year for which data are available, 139,534 Americans were diagnosed with colorectal cancer, and 56,603 died from it.[3]
- Colorectal cancer is the third most common cancer for men and women.[2]
- The risk of colorectal cancer increases with age and 90 percent of cases occur in men and women age 50 and over.[2]
- Approximately 75 percent of colorectal cancers occur in people with no known risk factors except age.[4]

What Are the Costs of Colorectal Cancer?

- When detected early, treatment cost for colorectal cancer is about $30,000 per patient. Treatment cost for a patient with late stage colorectal cancer is estimated at $120,000.[10]
- Colorectal cancer is costly—the National Cancer Institute estimates that national treatment expenditures in 2004 reached $8.4 billion.[3]

What Are the Screening Tests?

The United States Preventive Services Task Force and the American Cancer Society recommend four screening strategies, which can be used alone or in combination with each other:

- Fecal occult blood test (FOBT), which checks for hidden ("occult") blood in three consecutive stool samples—performed yearly.
- Flexible sigmoidoscopy, in which physicians use a flexible, lighted tube (sigmoidoscope) to visually inspect the interior walls of the rectum and part of the colon—performed every five years.
- Colonoscopy, in which physicians use a flexible, lighted tube (colonoscope), which is longer than the sigmoidoscope, to visually inspect the interior walls of the rectum and the entire colon—performed every 10 years.
- Double barium contrast enema, consists of a series of X–rays of the colon and rectum, which are taken after the patient is given an enema containing barium dye followed by an injection of air in the lower bowel—performed every five years.

Three new, less invasive tests are on the horizon:

- Fecal DNA test, which screens for genetic mutations associated with colorectal cancer in the stool;
- Fecal immunochemical test (FIT), is performed like the FOBT but produces fewer false positive results; and
- CT colonography, also called virtual colonoscopy, uses X–rays and computer imaging to produce two– and three–dimensional images of the large intestine.

What Scientific Research Says

Can Colorectal Cancer Be Prevented?

- Screening routinely, beginning at age 50, helps prevent colorectal cancer. Screening can find precancerous polyps in the colon and rectum, so they can be removed before they turn into cancer.
- When found early (i.e., Stage I) through screening, colorectal cancer has an 85 percent to 95 percent cure rate.[11]
- Assuming that 100 percent of the population is screened, the estimated effectiveness of screening tests in preventing colorectal cancer mortality are:
  - Fecal Occult Blood Test—38 percent effective
  - Flexible sigmoidoscopy—50 percent effective
  - Colonoscopy—70 percent effective[12]

Are People Getting Recommended Screenings?

- In 2004, about 57 percent of adults over age 50 reported receiving either an FOBT within the previous year or an endoscopy within the previous 10 years.[12]
- Screening rates vary with income levels—as income decreases, screening rates also decrease.[12]
- Screening rates are lower for African–Americans than whites[10] and for rural residents than non–rural residents.[13] Hispanic Americans are less likely to get screened for the disease than whites or African–Americans.[6]
- In men and women, African–Americans have higher incidence and mortality rates than whites, regardless of the stage at diagnosis. Even when African–Americans are diagnosed early, they are still more likely to die than other races or ethnicities.[6]
- Screening rates are particularly low among people who have no insurance, no usual source of health care and those whose doctors have not recommended screening.[5]

Is Screening Cost–Effective?

- Colorectal cancer screening is cost–effective. Research shows that it has a cost–effectiveness ratio of $10,000 to $25,000 per life–year saved.[10] This means, for example, that if a state spent $12.5 million on screening and treatment over five years, between 100 and 250 deaths would be prevented. This ratio is similar to or better than that of other important health screenings, including mammography.[14]
- An estimated 65 percent of screening service costs can be recovered through savings from avoided inpatient, outpatient, laboratory, clinical and pharmacy services.[15]

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Resources

CDC's Colorectal Cancer Web page
http://www.cdc.gov/cancer/colorectal

CDC's Guide to Community Preventive Services
http://www.thecommunityguide.org/policymakers.html

CDC's National Comprehensive Cancer Control Program
http://www.cdc.gov/cancer/ncccp

CDC's National Program of Cancer Registries
http://www.cdc.gov/cancer/npcr

CDC's Screen for Life Web page
http://www.cdc.gov/cancer/colorectal/sfl/

CDC's State Cancer Burden Data Fact Sheets
http://www.cdc.gov/cancer/cancerburden

CDC's States Taking Action Against Cancer Program Highlights Web page
http://apps.nccd.cdc.gov/cancercontacts/ncccp/pia/

Healthy States Initiative's Cancer Web page
http://www.healthystates.csg.org/Public+Health+Issues/Cancer/

Healthy States Initiative's Issue Brief and Archived Web Conference:
Reducing Colorectal Cancer: Screening, Access and Services in Minority and Underserved Communities
http://www.healthystates.csg.org/Public+Health+Issues/Cancer/

Healthy States Initiative's Comprehensive Approaches to Cancer Control Tool Kit
http://www.healthystates.csg.org/Public+Health+Issues/Cancer/

American Cancer Society
http://www.cancer.org/docroot/lrn/lrn_0.asp

American Cancer Society's Colon and Rectal Cancer pages
http://www.cancer.org/docroot/CRI/CRI_2x.asp?sitearea=&dt=10

Cancer Control Planet
http://cancercontrolplanet.cancer.gov

National Cancer Institute
http://www.cancer.gov/cancerinfo/types/colon–and–rectal

National Colorectal Cancer Roundtable
http://www.nccrt.org

National Colorectal Cancer Research Alliance's Legislative Report Card
http://www.eifoundation.org/national/nccra/report_card/reportcard_2006.pdf

National Cancer Institute's State Cancer Legislative Database
http://www.scld–nci.net

National Cancer Institute's State Cancer Burden Profiles
http://statecancerprofiles.cancer.gov

Partnership for Prevention
http://www.prevent.org

U.S. Preventive Services Task Force
http://www.ahrq.gov/clinic/prevenix.htm

Preventing Diseases:

Policies that work based on the research evidence

1) Promote healthy eating.

Policies that give kids healthier food choices at school can help curb rising rates of youth obesity. Ensuring that every neighborhood has access to healthy foods will improve the nutrition of many Americans.

2) Get people moving.

Policies that encourage more physical activity among kids and adults have been proven to reduce rates of obesity and to help prevent other chronic diseases.

3) Discourage smoking.

Policies that support comprehensive tobacco control programs—those which combine school–based, community–based and media interventions—are extremely effective at curbing smoking and reducing the incidence of cancer and heart disease.

4) Encourage prevention coverage.

Policies that encourage health insurers to cover the costs of recommended preventive screenings, tests and vaccinations are proven to increase the rates of people taking preventive action.

5) Promote health screenings.

Policies that promote—through worksite wellness programs and media campaigns—the importance of health screenings in primary care settings are proven to help reduce rates of chronic disease.

6) Protect kids' smiles.

Policies that promote the use of dental sealants for kids in schools and community water fluoridation are proven to dramatically reduce oral diseases.

7) Require childhood immunizations.

Requiring immunizations for school and child care settings reduces illness and prevents further transmission of those diseases among children. Scientific, economic and social concerns should be addressed when policies to mandate immunizations are considered.

8) Encourage immunizations for adults.

Policies that support and encourage immunizations of adults, including college students and health care workers, reduce illness, hospitalizations and deaths.

9) Make chlamydia screenings routine.

Screening and treating chlamydia, the most common sexually transmitted bacterial infection, will help protect sexually active young women against infertility and other complications of pelvic inflammatory disease (PID) that are caused by chlamydia.

10) Promote routine HIV testing.

Making HIV testing part of routine medical care for those aged 13 to 64 can foster earlier detection of HIV infection among the quarter of a million Americans who do not know they are infected.

Learn more about these and other proven prevention strategies at *http://www.ahrq.gov/clinic/uspstfix.htm*, *http://www.thecommunityguide.org/policymakers.html* and *http://www.prevent.org/images/stories/health_policy.pdf*.

What the CDC Does for States

The Centers for Disease Control and Prevention (CDC) is part of the United States Department of Health and Human Services, which is the main federal agency for protecting the health and safety of all Americans. Since it was founded in 1946 to help control malaria, CDC has remained at the forefront of public health efforts to prevent and control infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats.

Helping state governments enhance their own public health efforts is a key part of CDC's mission. Every year, CDC provides millions in grants to state and local health departments. Some funds are in the form of categorical grants directed at specific statutorily–determined health concerns or activities. Other funds are distributed as general purpose block grants, which the CDC has more flexibility in deciding how to direct and distribute.

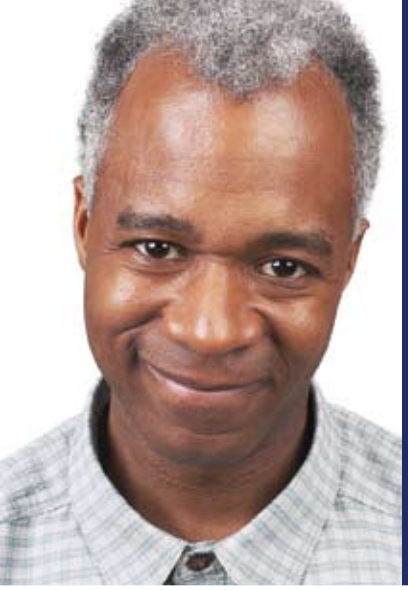
The CDC does not regulate public health in the states. Rather, it provides states with scientific advice in fields ranging from disease prevention to emergency management. It also monitors state and local health experiences in solving public health problems, studies what works, provides scientific assistance with investigations and reports the best practices back to public agencies and health care practitioners.

For state legislators who are interested in improving their state's public health, the CDC offers a wealth of resources, including:

- Recommendations for proven prevention strategies;
- Examples of effective state programs;
- Access to top public health experts at the CDC;
- Meetings specifically aimed at state legislative audiences;
- Fact sheets on policies that prevent diseases; and
- State–specific statistics on the incidence and costs of disease.

This publication from the Healthy States Initiative is also an example of CDC's efforts to help states. The Healthy States Initiative is funded by a cooperative agreement with the CDC.

The CDC has developed partnerships with numerous public and private entities—among them medical professionals, schools, nonprofit organizations, business groups and international health organizations—but its cooperative work with state and local health departments and the legislative and executive branches of state government remains central to its mission.



The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

Funding for this publication is provided by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under Cooperative Agreement U38/CCU424348. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. government.

Published May 2007

Talking Points:

Preventing Colorectal Cancer

Why Invest in Preventing Colorectal Cancer?

- **The cancer will kill many Americans this year.** More than 56,000 Americans will die from colorectal cancer this year and about 145,000 Americans will be diagnosed with the disease.
- **Colorectal cancer is the second leading cause of cancer–related deaths.** Of all cancers, only lung cancer kills more Americans.
- **Colorectal cancer kills people in all racial and ethnic groups, but some are hit harder.** African–American men, for example, are about 15 percent more likely to get this cancer than their white counterparts.
- **Treatment costs are staggering.** In 2004, the annual cost of treating colon cancer was estimated at $8.4 billion.
- **The cancer is highly preventable.** At least 50 percent of colorectal cancer deaths could be prevented with regular screenings and early detection. If found early and treated, the five–year relative survival rate for those with colorectal cancer is 90 percent.

Screening and Early Detection Save Lives and Money

- **Screening saves lives.** The estimated effectiveness of three major colorectal cancer screening tests in preventing cancer death is:
  - Fecal occult blood test (FOBT)—38 percent effective
  - Flexible sigmoidoscopy—50 percent effective
  - Colonoscopy—70 percent effective
- **Early detection = lower treatment costs.** When detected early, treatment costs for colon cancer are about $30,000 for a patient. Treatment costs for a patient with late stage colorectal cancer are estimated at $120,000 and death is far more likely.

Screening Rates Are Low

- **Many Americans do not get screened.** In 2004, 43 percent of adults age 50 and over were not getting their screenings completed at the recommended intervals.
- **Low income = low screening rates.** Screening rates are closely related to income level—as income decreases, screening rates decrease.
- **No insurance = low screening rates.** Screening rates are particularly low among those without insurance, without a usual source of health care and those whose doctors do not recommend screening.
- **Minority groups and rural Americans have lower screening rates.** Screening rates are lower for African–Americans than whites and for rural residents than nonrural residents. Hispanics are less likely to get screened for the disease than whites or African–Americans.

Prevention Is Cost–Effective

- **Screening is cost–effective.** Research shows that screening has a cost effectiveness ratio of $10,000 to $25,000 per life–year saved. This means, for example, that if a state spent $12.5 million on screening and treatment over five years, between 100 and 250 deaths per year for five years (or 500–1,250 total deaths) would be prevented. This ratio is similar to or better than that of other important health screenings, including mammography.
- **Screening costs can be recovered.** An estimated 65 percent of screening service costs can be recovered through savings from avoided inpatient, outpatient, laboratory, clinical and pharmacy services due to early detection and treatment.

What State Legislators Can Do

- **Demonstrate leadership.** Use the media to encourage constituents to get recommended screenings. If you or a family member are a cancer survivor, share your story. Make CDC's "Screen for Life" materials available in your office and link to them from your legislative Web site (available at *http://www.cdc.gov/cancer/colorectal/sfl/)*.
- **Launch public awareness campaigns.** Support funding for colorectal screening awareness programs. Pass a resolution to observe National Colorectal Awareness Month in March.
- **Promote screenings.** Encourage health care providers to use client reminders. Educate the public about the benefits of screening. Improve access to screening services. Establish screening programs for the uninsured and underinsured.
- **Extend insurance coverage.** Consider requiring health insurers to provide coverage for recommended colorectal cancer screening.
- **Target underserved populations.** Make sure awareness campaigns and screening programs are sensitive to cultural differences and that messages are tailored to reach specific groups. Support programs that offer follow–up assistance to encourage patients to get regular screenings and that build patient trust in health care providers.

For more detail, see the Legislator Policy Brief, "Preventing Colorectal Cancer," by visiting: *http://www.healthystates.csg.org/Publications/.*

If you would like more information, references, or to explore this topic in greater depth, please:

- send your inquiry to *http://www.healthystates.csg.org/* (keyword: inquiry) or
- call the CSG Health Policy Group at (859) 244–8000.

This Healthy States publication is funded by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, under Cooperative Agreement U38/CCU424348. Points of view in this document are those of the author and do not necessarily represent the official position or policies of the U.S. government.

healthy states brief

CSG's partnership to promote public health

Vol. 1, No. 9

August 2006

Reducing Colorectal Cancer:

Screening, Access and Services in Minority and Underserved Communities

Colorectal cancer, which occurs primarily in adults over 50, can be avoided if precancerous polyps are found through screening and removed before they become tumors. So you might think colorectal cancer wouldn't kill that many Americans.

But it does. Fewer than 40 percent of cases are found early, when treatment can be most effective. Colorectal cancer is the second leading cause of cancer deaths in the United States each year. In 2002, the most recent year for which statistics are available, 70,651 men and 68,883 women were diagnosed with colorectal cancer and, combined, more than 56,000 men and women died from the cancer.[1]

Studies show African-American men and women are about 15 percent more likely to get this cancer than their white counterparts, and mortality rates in African-Americans are about 40 percent higher than in whites.[2]

But research shows that screening for colorectal cancer works and is cost-effective for at-risk populations. Through colorectal cancer screening, polyps (abnormal growths) can be detected, so they can be removed before they have a chance to turn into cancer—thereby preventing the disease. Screening also helps find colorectal cancer at an early stage, when treatment works best and recovery rates are highest. Federal and state public health officials are implementing strategies to encourage more Americans to get screened for colorectal cancer. Many of these strategies target outreach efforts to minority and medically underserved communities.

Screening Works, but Rates Are Low

If everyone 50 or older was screened for colorectal cancer regularly, as many as 60 percent of deaths from this cancer could be avoided. Public health experts say funding for education initiatives to promote screening can lower costs by finding and treating more cancers in early or precancerous stages. Each year colorectal cancer treatment costs more than $6.5 billion, second only to breast cancer at $7 billion.[3] The cost-effectiveness of screening for colorectal cancer is about the same as for other cancers. One study found screening has a cost-effectiveness ratio of $10,000 to $25,000 per life-year saved.[4]

Still, according to the Centers for Disease Control and Prevention (CDC), screening for colorectal cancer lags behind other cancers. Even though colorectal cancer screening is effective and available through many insurance programs and Medicare, the proportion of Americans getting screened remains low. As of 2004, only 57 percent of the U.S. population had been screened for colorectal cancer as recommended.[5]

Why Lower Screening Rates for Minorities?

Colorectal cancer is an equal opportunity killer; yet screening rates for some groups, such as African-Americans, are lower. Why? According to public health experts, screening rates may be lower for minorities because more members of those communities may:

- Be less aware of the benefits or wary of the discomfort associated with screening;

healthy states brief: colorectal cancer prevention

This issue brief is based on an Oct. 26, 2005, Healthy States Web conference titled, "Reducing Colorectal Cancer: Screening, Access, and Services in Minority and Underserved Communities." Access an archive of this Web conference and others in the Healthy States series at *www.healthystates.csg.org*, keyword: web conference.

> **"In addition to providing colonoscopy screenings for anybody over age 50 who does not have the means or the insurance to cover the cost, Delaware has taken the step to provide one year of cancer treatment care through state funding."**
>
> —Dr. Stephen Grubbs, Delaware Cancer Consortium

- Be less able to afford screening, or not have health insurance that covers screening;
- Live in areas with inadequate services for screening, or lack transportation to services; and
- Receive no or inconsistent recommendations from health care providers for screening.

The States and Screening Policy

Even though colorectal cancer is highly preventable through screening and early detection, several states are struggling to pass strong measures to encourage preventive screening. No existing federal legislation requires insurance providers to cover the cost of preventive screening—a key policy many public health experts think is needed to boost screening rates.

There's a debate in the states about whether mandating insurance coverage for colorectal screening is the best approach.

Those favoring required coverage argue such policies are cost-beneficial because they catch the cancer at its earliest stages, or even better, screening leads to preventing this cancer altogether. Proponents point out the cost of screening for colorectal cancer is well within the range of acceptable costs for preventive services. Opponents argue that requiring companies to cover screening increases overall costs and results in fewer people being able to afford health insurance. According to a 2006 National Colorectal Cancer Research Alliance survey, 20 states have supported or required coverage for colorectal cancer screening. [6]

Finding Ways to Reach Underserved Communities

Despite the debate about requiring insurance coverage for colorectal screenings, some states are pioneering ways to encourage more people, particularly in minority communities, to get screened.

For example, the Illinois Senate spearheaded efforts to fund public awareness campaigns and colorectal cancer research. Under legislation passed in 2005 (Senate Bill 133), state taxpayers can now voluntarily donate portions of their tax refund to help finance these efforts, which include a program that targets populations with high colorectal cancer death rates. The legislation was introduced by state Sen. Deanna Demuzio, whose husband died from the disease, and co-sponsored by state Sen. Donne E. Trotter.

In Delaware, where African-Americans are much more likely to die from colorectal cancer than whites, the Delaware Division of Public Health created the Champions of Change program. The program is a comprehensive grassroots effort targeted to African-American Delawareans, the state's largest minority group.[7] Champions of Change targets prevention messages, materials and local efforts to promote screening specifically for the African-American community. Further support is received from Delaware state funding that provides a colonoscopy and one year of cancer treatment for anyone without ability to pay or insurance coverage.

What State Legislators Can Do

For state legislators enthusiastic about initiating efforts in their states, legislative champions of public health, such as Trotter, have this advice:

Sponsor legislation to promote colorectal cancer awareness. It is essential to promote colorectal cancer education and prevention, says Trotter. State legislators can sponsor or support legislation to dedicate funds to public awareness campaigns, specifically for at-risk populations.

Consider requiring screening coverage. Including colorectal cancer screening as part of comprehensive cancer screening health insurance benefits might help increase screening rates, and as a result, decrease the number of colorectal cancer cases and deaths.

Partner with state health departments. Work with your state health department, which has access to state-specific data on colorectal cancer cases and deaths. From this partnership, state legislators can engage in better informed policymaking about how to fight colorectal cancer. State health departments in 49 states also are partners in CDC's Screen for Life: National Colorectal Cancer Action Campaign, which offers a variety of multimedia resources to help build awareness of the benefits of screening.

African-Americans and Colorectal Cancer

- Colorectal cancer is the third most common cancer among African-Americans, who are diagnosed with colorectal cancer at a higher rate than any other U.S. population.
- Death rates from the cancer are higher among African-Americans even when cancers are found early.
- African-Americans are less likely than whites to have screening tests for colorectal cancer, and are thus less likely to have polyps detected and removed before they become cancerous. They are more likely to be diagnosed in advanced stages when fewer treatment options are available.
- Diet, tobacco use and a lack of access to equal medical treatment options may increase African-Americans' risk of developing colon cancer.

Source: The Cancer Research and Prevention Foundation, Colorectal Cancer: Minorities and Colorectal Cancer, February 10, 2006, www.preventcancer.org/colorectal/facts/minorities.cfm.

"We made promoting colorectal cancer awareness and screening a priority in Illinois. In 2003, we mandated that colonoscopy tests have to be covered under insurance plans in the state, and in 2005 we created a tax checkoff that allows taxpayers to donate directly to our colorectal cancer awareness program."

—Illinois state Sen. Donne E. Trotter

What CDC is Doing to Help States

Funding for State Efforts

In addition to supporting and conducting research to improve understanding about colorectal cancer screening, the CDC provides funding to 21 state programs to implement specific colorectal cancer prevention strategies through National Comprehensive Cancer Control Program initiatives.

In 2006, Congress directed $14.5 million to the CDC to fund programs aimed at fighting colorectal cancer, including outreach programs for minorities. The money is allotted through various states' comprehensive cancer control plans. CDC's national efforts to reduce cancer disparities include:

- Improving early cancer detection through promotion of colorectal cancer screening, and
- Implementing effective community interventions to increase screening and modify risk behaviors.

Screen for Life Campaign

CDC's Screen for Life: National Colorectal Cancer Action Campaign informs men and women 50 or older about the importance of having regular colorectal cancer screening tests. Screen for Life materials include print and broadcast public service announcements featuring Katie Couric, Morgan Freeman and Diane Keaton, as well as educational campaign materials in English and Spanish for patients and health professionals. Print materials—including fact sheets, brochures and posters—and public service announcements can be viewed, printed and ordered online. For more information, please visit *www.cdc.gov/screenforlife.*

Demonstration Programs

In 2005, CDC awarded $2.1 million to establish five projects to gather evidence on what works to increase use of colorectal cancer screening. The three-year program is aimed at increasing screening among low-income men and women 50 and older who have inadequate or no health insurance coverage for colorectal cancer screening. The five sites are in New York, Nebraska, Missouri, Maryland and Washington state. Two projects specifically focus on the African-American population and one focuses on the American Indian population. For more information see: *www.cdc.gov/nccdphp/press/colorectal_cancer.htm.*

Key Facts about Colorectal Cancer Screening

- Nationally, **less than 50 percent of adults are being screened** appropriately for colorectal cancer. Additionally, screening rates are lower for people with less education, lower socioeconomic status, no health insurance and no physician recommendations.
- **If colorectal cancer is diagnosed early, 91 percent of patients survive.** If it is diagnosed late, only 9 percent of patients survive.
- **The risk for developing colorectal cancer increases with age.** Colorectal cancer primarily affects men and women of all races over 50.
- **Four types of colorectal cancer screening tests** are recommended for men and women beginning at age 50, which can be used alone or in combination:
  - Fecal occult blood test (FOBT), checking for hidden (occult) blood in three stool samples—performed yearly;
  - Flexible sigmoidoscopy uses a flexible, lighted tube (sigmoidoscope) to visually inspect the interior walls of the rectum and part of the colon—performed every five years;
  - Colonoscopy uses a longer flexible, lighted tube (colonoscope) to visually inspect the interior walls of the rectum and the entire colon—performed every 10 years;
  - Double barium contrast enema uses X-rays of the colon and rectum, with an enema containing barium dye—performed every five years.

Sources: www.cdc.gov/colorectalcancer/for_healthcare/screening_guidelines.htm, www.cdc.gov/cancer/colorectal/

Notes

[1] U.S. Cancer Statistics: 2002 Incidence and Mortality, U.S. Cancer Statistics Working Group, 2005 and National Vital Statistics Report, Vol. 53, No. 5, 2004.

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[3] The Centers for Disease Control and Prevention: "Preventing Chronic Disease- Investing Wisely in Health." *www.cdc.gov/nccdphp/publications/factsheets/Prevention/pdf/cancer.pdf*

[4] Pignone et al. "Cost-effectiveness Analyses of Colorectal Cancer Screening." *Annals of Internal Medicine* 2002; 137(2):96-104. Access at: *www.ahrq.gov/clinic/3rduspstf/colorectal/colocost1.htm.*

[5] Seeff, L.C.; King, J.B.; Pollack, L.A.; and Williams, K.N. "Increased Use of Colorectal Cancer Tests—United States, 2002 and 2004." *Morbility and Mortality Weekly Report* 2006; 55 (11): 308-311.

[6] The National Colorectal Cancer Research Alliance. NCCRA: 2005 "Colorectal Cancer Legislation Report Card." *www.ccalliance.org/pdfs/2005NCCRARptCd.pdf*

[7] The Delaware Division of Public Health. "Partners in Prevention: Working to Prevent Colorectal Cancer." *www.dhss.delaware.gov/dhss/dph/dpc/partners_prevention.html*

resources

CDC Cancer Prevention and Control, Colorectal Cancer
www.cdc.gov/cancer/colorectal/
www.cdc.gov/colorectalcancer/what_cdc_is_doing/about_cdc_program.htm#activities
www.cdc.gov/cancer/colorectal/what_cdc_is_doing/sfl/
www.cdc.gov/cancer/survivorship/what_cdc_is_doing/resources.htm

American Cancer Society
www.cancer.org
www.cancer.org/downloads/COM/OHColorectalCancerMediaKit2006.pdf

U.S. Department of Health and Human Services Office of Minority Health
www.omhrc.gov

healthy states brief: colorectal cancer prevention

Volume 1, Number 9

Healthy States Briefs highlight trends and promising practices in state public health policy. The Healthy States Initiative is a partnership among the Council of State Governments (CSG), the National Black Caucus of State Legislators (NBCSL) and the National Hispanic Caucus of State Legislators (NHCSL). The initiative is supported by the Centers for Disease Control and Prevention.

This *Healthy States Brief* was written by **Deana McRae**, Health Program Manager and Health Policy Associate at the NBCSL. Founded in 1977, NBCSL represents more than 600 legislators from 46 states that represent more than 30 million voters. For more information, visit *www.nbcsl.com.*

www.healthystates.csg.org

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Sample State Legislation

Reprinted here are examples of enacted legislation from four states relating to preventing colorectal cancer:

- **Delaware Senate Bill 102 (2003)**, creating the Delaware Cancer Consortium
- **North Carolina Senate Bill 132 (2001)**, requiring coverage for colorectal cancer screening
- **New York Senate Bill 4691 (2005)**, extending medical assistance to colorectal cancer patients
- **Oregon Senate Bill 501 (2005)**, requiring health insurance coverage for colorectal cancer screenings

The reprinted legislation is offered to illustrate how some states are taking legislative action to control this cancer.

Note: The Healthy States Initiative does not necessarily endorse this legislation; nor has it conducted any independent evaluation of the legislation reprinted here.

Delaware Senate Bill 102 (2003):

Creates Delaware Cancer Consortium

In 2003, the Delaware legislature enacted Senate Bill 102 to create the Delaware Cancer Consortium, a collaborative effort among private and public entities to implement cancer control initiatives, including initiatives aimed at increasing colorectal cancer screening.

DELAWARE STATE SENATE
142nd GENERAL ASSEMBLY
SENATE BILL NO. 102

AN ACT TO AMEND TITLE 16 OF THE DELAWARE CODE TO CREATE A DELAWARE CANCER CONSORTIUM

WHEREAS, the Delaware Advisory Council on Cancer Incidence and Mortality (the "Advisory Council") was created by Senate Joint Resolution 2 of the 141st General Assembly; and

WHEREAS, the Advisory Council issued a report in April 2002 containing a series of recommendations to reduce the incidence and mortality of cancer in Delaware; and

WHEREAS, the Advisory Council's recommendations cover a period of five years from the date of its report, and involve the active participation of many members of the public and private sectors; and

WHEREAS, it is important that an entity be established to advocate for and monitor achievement of the Advisory Council's recommendations;

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF DELAWARE:

Section 1. Amend §133, Title 16, Delaware Code, by deleting subsection (b), and replacing it with the following:

"(b) The Delaware Cancer Consortium ("Consortium") shall coordinate cancer prevention and control activities in the State of Delaware. The Consortium will:

i. Provide advice and support to state agencies, cancer centers, cancer control organizations, and health care practitioners regarding their role in reducing mortality and morbidity from cancer.

ii. Facilitate collaborative partnerships among public health agencies, cancer centers, and all other interested agencies and organizations to carry out recommended cancer control strategies.

iii. On at least a biennial basis, analyze the burden of cancer in Delaware and progress toward reducing cancer incidence and mortality.

Section 2. Amend §133, Title 16, Delaware Code, by adding the following new subsections:

"(c) The Consortium's priorities and advocacy agenda shall be dictated by the recommendations contained in 'Turning Commitment Into Action—Recommendations of the Advisory Council on Cancer Incidence and Mortality,' published in April 2002.

(d) The Consortium's permanent membership shall be as follows:

i. Two representatives of the Delaware House of Representatives and two representatives of the Delaware State Senate (one selected by each caucus);

ii. One representative of the governor's office;

iii. The secretary of the Department of Health and Social Services or his or her designee;
iv. One representative of the Department of Natural Resources and Environmental Control;
v. One representative of the Medical Society of Delaware to be appointed by the governor;
vi. One professor from Delaware State University or the University of Delaware, to be appointed by the governor;
vii. Two physicians with relevant medical knowledge, to be appointed by the governor;
viii. One representative of a Delaware hospital cancer center to be appointed by the governor;
ix. Three public members with relevant professional experience and knowledge, to be appointed by the governor.

(e) Appointees to the Consortium shall serve at the pleasure of the person or entity that appointed them.

(f) The Consortium's permanent members may enact procedures to appoint additional persons to the Consortium.

(g) The Consortium shall have a chair and a vice-chair, to be appointed from among the permanent members by the Governor and to serve at the pleasure of the Governor. Staff support for the Consortium shall be provided by the Delaware Division of Public Health."

North Carolina Senate Bill 132 (2001):

Requires Coverage for Colorectal Cancer Screening

In 2001, North Carolina's legislature enacted Senate Bill 132 requiring health insurance plans to provide coverage for colorectal cancer screening.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001
SESSION LAW 2001-116
SENATE BILL 132

AN ACT TO REQUIRE HEALTH INSURANCE PLANS TO PROVIDE COVERAGE FOR COLORECTAL CANCER SCREENING.

The General Assembly of North Carolina enacts:

Section 1. Article 51 of Chapter 58 of the General Statutes is amended by adding the following new section to read:

"§ 58-3-179. Coverage for colorectal cancer screening.

(a) Every health benefit plan, as defined in G.S. 58-3-167, shall provide coverage for colorectal cancer examinations and laboratory tests for cancer, in accordance with the most recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control for colorectal cancer screening, for any nonsymptomatic covered individual who is:

1. At least 50 years of age, or
2. Less than 50 years of age and at high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of the American Cancer Society or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control. The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan apply to coverage for colorectal examinations and laboratory tests required to be covered under this section."

Section 2. G.S. 58-50-155 reads as rewritten:

"§ 58-50-155. Standard and basic health care plan coverages.

(a) Notwithstanding G.S. 58-50-125(c), the standard health plan developed and approved under G.S. 58-50-125 shall provide coverage for all of the following:

1. Mammograms and pap smears at least equal to the coverage required by G.S. 58-51-57.
2. Prostate-specific antigen (PSA) tests or equivalent tests for the presence of prostate cancer at least equal to the coverage required by G.S. 58-51-58.
3. Reconstructive breast surgery resulting from a mastectomy at least equal to the coverage required by G.S. 58-51-62.
4. For a qualified individual, scientifically proven bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass at least equal to the coverage required by G.S.58-3-174.
5. Prescribed contraceptive drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives, or outpatient contraceptive services at least equal to the coverage required by G.S. 58-3-178, if the plan covers prescription drugs or devices, or outpatient services, as applicable. The same exceptions and exclusions as are provided under G.S. 58-3-178 apply to standard plans developed and approved under G.S. 58-50-125.
6. Colorectal cancer examinations and laboratory tests at least equal to the coverage required by G.S. 58-3-179.

(b) Notwithstanding G.S. 58-50-125(c), in developing and approving the plans under G.S. 58-50-125, the Committee and Commissioner shall give due consideration to cost-effective and life-saving health care services and to cost-effective health care providers."

Section 3. This act becomes effective January 1, 2002, and applies to all health benefit plans that are delivered, issued for delivery, or renewed on and after that date. For the purposes of this act, renewal of a health benefit plan is presumed to occur on each anniversary of the date on which coverage was first effective on the person or persons covered by the health benefit plan.

In the General Assembly read three times and ratified this the 16th day of May, 2001.

New York Senate Bill 4691 (2005):

Extending Medical Assistance to Colorectal Cancer Patients

In 2005, the New York legislature enacted Senate Bill 4691 (and its companion Assembly Bill 6763) to provide Medicaid treatment coverage costs for uninsured people diagnosed with colon cancer by local state-funded screening programs.

STATE OF NEW YORK
4691--A
2005-2006 Regular Sessions
IN SENATE

AN ACT to amend the public health law, in relation to extending medical assistance to persons with breast, cervical, colon or prostate cancer; and to amend the social services law, in relation to the medical assistance presumptive eligibility program.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision 1 of section 2406 of the public health law, as amended by chapter 334 of the laws of 1990, is amended to read as follows:

1. The commissioner, in consultation with the breast cancer detection and education program advisory council established pursuant to section 2407 of this title, shall make grants within the amounts appropriated to approved organizations, as defined in subdivision three of this section, for the provision of services relating to the screening and detection of breast cancer as part of this program. Such services shall include but not be limited to:

a. promotion and provision of early detection of breast cancer, including mammography, clinical examination, and breast self-examination;

b. provision of counseling and information on treatment options and referral for appropriate medical treatment;

c. dissemination of information to unserved and underserved populations, to the general public and to health care professionals concerning breast cancer, the benefits of early detection and treatment, and the availability of breast cancer screening services;

d. identification of local breast cancer screening services within the approved organization's region;

e. provision of information, counseling and referral services to individuals diagnosed with breast cancer; and

f. provision of information regarding the availability of medical assistance, including medical assistance under paragraph (v) of subdivision four of section 366 of the social services law, to an individual who requires treatment for breast, cervical, colon or prostate cancer.

2. Subparagraph 4 of paragraph (v) of subdivision 4 of section 366 of the social services law, as added by section 56 of part A of chapter 1 of the laws of 2002, is amended to read as follows:

4.

i. The commissioner of health shall promulgate such regulations as may be necessary to carry out the provisions of this paragraph. Such regulations shall include, but not be limited to: eligibility requirements; a description of the medical services which are covered; and a process for providing presumptive eligibility when a qualified entity, as defined by the commissioner, determines on the basis of preliminary information that a person meets the requirements for eligibility under this paragraph.

ii. For purposes of determining eligibility for medical assistance under this paragraph, resources available to such individual shall not be considered nor required to be applied toward the payment or part payment of the cost of medical care, services and supplies available under this paragraph.

iii. An individual shall be eligible for presumptive eligibility for medical assistance under this paragraph in accordance with subdivision five of section 364-i of this title.

3. Section 364-i of the social services law is amended by adding a new subdivision 5 to read as follows:

5. Persons in need of treatment for breast, cervical, colon or prostate cancer; presumptive eligibility.

a. An individual shall be presumed to be eligible for medical assistance under this title beginning on the date that a qualified entity, as defined in paragraph (c) of this subdivision, determines, on the basis of preliminary information, that the individual meets the requirements of paragraph (v) or (v-1) of subdivision four of section 366 of this title.

b. Such presumptive eligibility shall continue through the earlier of the day on which a determination is made with respect to the eligibility of such individual for services, or in the case of such an individual who does not file an application by the last day of the month following the month during which the qualified entity makes the determination of presumptive eligibility, such last day.

c. For the purposes of this subdivision, "qualified entity" means an entity that provides medical assistance approved under this title, and is determined by the department of health to be capable of making determinations of presumptive eligibility under this subdivision.

d. Care, services and supplies, as set forth in section 365-a of this title, that are furnished to an individual during a presumptive eligibility period under this subdivision by an entity that is eligible for payments under this title shall be deemed to be medical assistance for purposes of payment and state reimbursement.

4. Subdivision 4 of section 366 of the social services law is amended by adding a new paragraph (v-1) to read as follows:

1. (v-1) Notwithstanding any other provision of law to the contrary, a person who has been screened or referred for screening for colon or prostate cancer by the cancer services screening program, as administered by the department of health, and has been diagnosed with colon or prostate cancer is eligible for medical assistance for the duration of his or her treatment for such cancer.

2. Persons eligible for medical assistance under this paragraph shall have an income of 250 percent or less of the comparable federal income official poverty line as defined and annually revised by he federal office of management and budget.

3. An individual shall be eligible for presumptive eligibility for medical assistance under this paragraph in accordance with subdivision five of section 464-i of this title.

4. Medical assistance is available under this paragraph to persons who are under 65 years of age, and are not otherwise covered under creditable coverage as defined in the federal Public Health Service Act.

5. Subdivision 1 of section 368-a of the social services law is amended by adding a new paragraph (y) to read as follows:

(y) One hundred percent of the amount expended for health care services as determined in accordance with paragraph (v-1) of subdivision four of section three hundred sixty-six of this title, after first deducting therefrom any federal funds properly received or to be received on account thereof.

6. This act shall take effect April 1, 2007; provided that the department of health shall promulgate any rules or regulations necessary to implement this act prior to such date; and provided that the amendment to section 364-i of the social services law made by section three of this act shall survive the expiration and reversion of such section as provided in section 2 of chapter 693 of the laws of 1996, as amended.

Oregon Senate Bill 501 (2005):

Requiring Health Insurance Coverage for Colorectal Cancer Screenings

In 2005, the Oregon legislature enacted Senate Bill 501 that required health insurers to provide coverage for recommended colorectal screenings and tests.

73rd OREGON LEGISLATIVE ASSEMBLY--2005 Regular Session
Enrolled
Senate Bill 501

AN ACT
Relating to health insurance; and declaring an emergency.
Be It Enacted by the People of the State of Oregon:

Section 1. Section 2 of this 2005 Act is added to and made a part of ORS 743.730 to 743.773.

Section 2. (1) Each carrier offering a health benefit plan shall submit to the Director of the Department of Consumer and Business Services on or before April 1 of each year a report that contains:

A. The following information for the preceding year that is derived from the exhibit of premiums, enrollment and utilization included in the carrier's annual report:

a. The total number of members;
b. The total amount of premiums;
c. The total amount of costs for claims;
d. The medical loss ratio;
e. The average amount of premiums per member per month; and
f. The percentage change in the average premium per member per month, measured from the previous year.

B. The following aggregate financial information for the preceding year that is derived from the carrier's annual report:

a. The total amount of general administrative expenses, including identification of the five largest nonmedical administrative expenses and the assessment against the carrier for the Oregon Medical Insurance Pool;
b. The total amount of the surplus maintained;
c. The total amount of the reserves maintained for unpaid claims;
d. The total net underwriting gain or loss; and
e. The carrier's net income after taxes.

(2) A carrier shall electronically submit the information described in subsection (1) of this section in a format and according to instructions prescribed by the Department of Consumer and Business Services by rule after obtaining a recommendation from the Health Insurance Reform Advisory Committee.

(3) The advisory committee shall evaluate the reporting requirements under subsection (1)(a) of this section by the following market segments:

A. Individual health benefit plans;

B. Health benefit plans for small employers;

C. Health benefit plans for employers described in ORS 743.733; and

D. Health benefit plans for employers with more than 50 employees.

(4) The department shall make the information reported under this section available to the public through a searchable public website on the Internet.

Section 3. Notwithstanding section 2 (1) of this 2005 Act, a carrier described in section 2 (1) of this 2005 Act shall submit its first report to the Director of the Department of Consumer and Business Services on or before July 1, 2006.

Section 4. Notwithstanding section 2 (1) of this 2005 Act, a carrier shall include the information described in section 2 (1)(a)(F) of this 2005 Act beginning with the annual report for 2007.

Section 5. Section 6 of this 2005 Act is added to and made a part of the Insurance Code.

Section 6. (1) An insurer offering a health insurance policy that covers hospital, medical or surgical expenses, other than coverage limited to expenses from accidents or specific diseases, shall provide coverage for the following colorectal cancer screening examinations and laboratory tests:

A. For an insured 50 years of age or older:

A. One fecal occult blood test per year plus one flexible sigmoidoscopy every five years;

B. One colonoscopy every 10 years; or

C. One double contrast barium enema every five years.

B. For an insured who is at high risk for colorectal cancer, colorectal cancer screening examinations and laboratory tests as recommended by the treating physician.

(2) For the purposes of subsection (1)(b) of this section, an individual is at high risk for colorectal cancer if the individual has:

A. A family medical history of colorectal cancer;

B. A prior occurrence of cancer or precursor neoplastic polyps;

C. A prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease or ulcerative colitis; or

D. Other predisposing factors.

(3) Health care service contractors, as defined in ORS 750.005, and trusts carrying out a multiple employer welfare arrangement, as defined in ORS 750.301, are also subject to this section.

Section 7. Section 6 of this 2005 Act applies to health insurance policies issued or renewed on or after January 1, 2006.

Section 8. This 2005 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2005 Act takes effect on its passage.

Preventing Colorectal Cancer Tool Kit

Resource Guide for State Policymakers

This guide, designed for state legislators, highlights a variety of Web-based resources about preventing colorectal cancer.

Policymakers will find links to the following information in this guide:

- Cancer Statistics by State
- Information on State Legislative Efforts
- CDC Programs for States
- Cancer Treatment, Prevention and Research Resources
- Expert Policy Recommendations
- Resources for Constituents

Cancer Statistics by State

State policymakers looking for statistical profiles of the colorectal cancer burden in their state can find that information at the following Web sites:

National Program of Cancer Registries

http://www.cdc.gov/cancer/npcr

This CDC site collects data provided by state cancer registries and makes them available for use by health professionals and policymakers. Policymakers can use the site to compare state cancer statistics with national statistics, find the top 10 cancers by geographic area and to display other information.

State Cancer Burden Data Fact Sheets

http://www.cdc.gov/cancer/cancerburden

Linked to the National Program of Cancer Registries, this page provides data on lung cancer, colorectal cancer, breast cancer and prostate cancer in every state. Fact sheets can be generated for each state that include the estimated number of new cancer cases and cancer deaths, and the age-adjusted mortality rates for cancer deaths by race.

National Cancer Institute's State Cancer Profiles

http://statecancerprofiles.cancer.gov

This site features a number of customizable options for displaying cancer statistics, including colorectal cancer death and incidence rates by state. Users can create charts and graphs showing historical trends in cancer rates in their states and compare cancer rate changes in a county with that of the entire state or compare the state's rate with the national rate.

Information on State Legislative Efforts

State Legislative Report Card

The National Colorectal Cancer Research Alliance (NCCRA) has created a "Colorectal Cancer Legislation Report Card" that evaluates each state's preventive screening legislation against specific criteria. The NCCRA, a program of the Entertainment Industry Foundation, was founded in part by television anchor Katie Couric. To learn how NCCRA grades your state, visit ***http://www.eifoundation.org/national/nccra/report_card/reportcard_2006.pdf.***

State Legislative Database

The National Cancer Institute's State Cancer Legislative Database Program contains downloadable fact sheets with 50-state charts and checklists detailing the major provisions of each state's colorectal cancer screening laws. Download the fact sheet at ***http://www.scld-nci.net.***

CDC's Funding of State Programs

While the Centers for Disease Control and Prevention (CDC) funds and conducts research to improve understanding about colorectal cancer screening, the agency also funds state prevention strategies.

With funding from the National Comprehensive Cancer Control Program, Alabama, Colorado, Delaware, Georgia, Iowa, Kentucky, Louisiana, Massachusetts, Michigan, New York, North Carolina, Ohio, Rhode Island, Utah, Washington and West Virginia are implementing colorectal cancer strategies as part of their comprehensive cancer control plans. These programs may serve as models for other states. To learn more about the National Comprehensive Cancer Control Program, visit ***http://www.cdc.gov/cancer/ncccp.***

CDC's Colorectal Cancer Screening Demonstration Program

From 2005–2006, CDC awarded $4.7 million to five sites to establish colorectal cancer screening and follow-up programs for low-income under and uninsured Americans aged 50 and over. Each site in the three-year program will offer screening and follow-up services; outreach services; public and professional education; case management; will continually evaluate the cost and effectiveness of the program and will place a high emphasis on the quality of the services delivered. The five sites are in New York (Suffolk County), Nebraska (statewide), Missouri (St. Louis), Maryland (Baltimore) and Washington state (Clallam, Jefferson and King counties). For more information about the demonstration program, go to ***http://www.cdc.gov/cancer/colorectal/what_cdc_is_doing/research/demonstration.htm.***

Resources on Cancer Treatment, Prevention and Research

In addition to the programs and organizations already mentioned that offer resources directly related to state efforts to prevent colorectal cancer, state legislators interested in learning more about colorectal cancer research and advocacy efforts as well as broader cancer prevention polices might want to visit the Web sites listed below.

American Cancer Society

http://www.cancer.org

The American Cancer Society (ACS) is a nationwide, community-based volunteer health organization. Based in Atlanta, the ACS has state divisions and more than 3,400 local offices. ACS offers a wealth of resources about cancer, cancer treatments and ways of preventing cancer.

C-Change

http://www.c-changetogether.org

C-Change has gathered many of the nation's key cancer leaders from government, business and nonprofit sectors to serve as a forum and spur to push for collaborative approaches to eliminate cancer as a major public health problem. The membership of the organizations includes former President George H.W. Bush and U.S. senators, as well as heads of major national corporations.

Cancer Control Planet

http://cancercontrolplanet.cancer.gov

Cancer Control Planet is a Web portal aimed at providing access to data and resources that can help cancer control planners, health educators, program staff and researchers design, implement and evaluate evidence-based cancer control programs. The portal provides access to Web-based resources that can help in assessing the cancer and/or risk factor burden of states and identifying potential partner organizations that may already be working with high-risk populations. The Web site is sponsored by many organizations and agencies, including the National Cancer Institute, CDC and the American Cancer Society.

Cancer Research and Prevention Foundation

http://www.preventcancer.org

The Cancer Research and Prevention Foundation is a nonprofit health foundation dedicated to the prevention and early detection of cancers such as colorectal, cervical, breast, lung, skin, testicular and oral cancers that can be prevented through lifestyle changes or early stage detection and treatment.

CDC's National Comprehensive Cancer Control Program

http://www.cdc.gov/cancer/ncccp

The CDC's National Comprehensive Control Program helps states develop comprehensive approaches to cancer control. A state comprehensive cancer control plan involves improving coordination of all of a state's cancer prevention and control activities, including those related to colorectal cancer. Started in 1998 with funding for just six programs, the CDC now funds comprehensive cancer planning and implementation efforts in all 50 states. To find a contact for your state's cancer plan, visit ***http://apps.nccd.cdc.gov/CancerContacts/ncccp/contactlist.asp***.

Colon Cancer Alliance

http://www.ccalliance.org

The Colon Cancer Alliance is a nonprofit organization of colon and rectal cancer survivors, their families, caregivers, people genetically predisposed to the disease and the medical community. The organization, which has more than 37,000 members, is dedicated to patient support, advocacy and education.

National Cancer Institute

http://www.cancer.gov

The National Cancer Institute (NCI) is part of the National Institutes of Health, one of eight agencies that comprise the Public Health Service in the Department of Health and Human Services (HHS). The NCI is the federal government's principal agency bringing together the resources to stimulate and support scientific discovery and its application to achieve a future where all cancers are uncommon and easily treated. NCI also produces and makes available many cancer prevention resources for policymakers and the general public.

National Colorectal Cancer Research Alliance

http://www.eifoundation.org/national/nccra

The National Colorectal Cancer Research Alliance (NCCRA) is a program of the Entertainment Industry Foundation (EIF), a charitable organization associated with the entertainment industry. All funds raised by NCCRA are spent on colorectal cancer awareness efforts and research. The program was founded by television news anchor Katie Couric, cancer activist Lilly Tartikoff and EIF.

National Colorectal Cancer Roundtable

http://www.nccrt.org

Started in 1997 in cooperation with CDC and the American Cancer Society, the National Colorectal Cancer Roundtable (NCCRT) is a coalition of more than 50 public, private and volunteer organizations and includes members who are cancer survivors, scientists, advocates, businesspeople and health insurers, among others. The organization serves as a forum for members to share ideas and information about gaps in colorectal cancer research and ways to improve prevention policies.

Policies and Practices That Work: Expert Recommendations

Legislators can access three sets of expert policy recommendations on preventing colorectal cancer. Two independent panels of experts, the Task Force on Community Preventive Services and the U.S. Preventive Services Task Force, have distilled the latest science into recommendations about the most effective practices and policies for preventing chronic diseases, including colorectal cancer. The American Cancer Society has also released recommendations for colorectal cancer screening.

Task Force on Community Preventive Services

The Task Force on Community Preventive Services publishes the Guide to Community Preventive Services (Community Guide). The task force is appointed by the director of the CDC, but is an independent decision-making body.

The Community Guide evaluates public health prevention strategies—that is, strategies aimed at populations rather than individuals. The recommendations the Community Guide offers are based on the strength of the evidence of effectiveness found through a systematic review of published research conducted by a team of experts.

What are effective strategies for increasing screening for colorectal cancer? According to the guide, there is strong evidence that reducing structural barriers to screening is effective. "Reducing structural barriers" means making it easier for patients to access screening services by overcoming transportation problems, keeping clinics open during more convenient hours and offering child care.

See the guide's recommendations on colorectal cancer at ***http://www.thecommunityguide.org/cancer.***

U.S. Preventive Services Task Force

The U.S. Preventive Services Task Force, sponsored by the federal government's Agency for Healthcare Research and Quality, publishes the Guide to Clinical Preventive Services.

After conducting rigorous, impartial assessments of the evidence for a broad range of clinical preventive services, the Guide to Clinical Services issues medical care recommendations for individual patients.

The U.S. Preventive Services Task Force: "strongly recommends that clinicians screen men and women aged 50 and older who are at average risk for colorectal cancer."

For more details on these clinical recommendations, go to ***http://www.ahrq.gov/clinic/uspstf/uspscolo.htm.***

American Cancer Society

The American Cancer Society recommends four screening strategies, which can be used alone or in combination:

- Fecal occult blood test (FOBT), which checks for hidden (occult) blood in three consecutive stool samples, performed yearly;
- Flexible sigmoidoscopy, in which physicians use a flexible, lighted tube (sigmoidoscope) to visually inspect the interior walls of the rectum and part of the colon, performed every five years;
- Colonoscopy, in which physicians use a flexible, lighted tube (colonoscope), which is longer than the sigmoidoscope, to visually inspect the interior walls of the rectum and the entire colon, performed every 10 years; and
- Double barium contrast enema consists of a series of X-rays of the colon and rectum, which are taken after the patient is given an enema containing barium dye followed by an injection of air in the lower bowel, performed every five years.

For more information about these recommendations, visit ***http://www.cancer.org/docroot/PED/content/PED_2_3X_ACS_Cancer_Detection_Guidelines_36.asp.***

Resources for Constituents

As a state legislator, you can play a role in helping to inform your constituents about the benefits of colorectal cancer screening by making a variety of brochures and fact sheets available in your office, highlighting the subject in newsletters or in "town hall" meetings and by linking to public education resources from your legislative Web site.

You can download, order or link to resources for your constituents from these Web sites:

American Cancer Society

http://www.cancer.org/docroot/lrn/lrn_0.asp

The American Cancer Society's Colon and Rectum Cancer Web page is an excellent link for constituents. At the site, constituents can learn about risk factors for colorectal cancer and about prevention and treatment.

The site also provides links to other related Web sites and to books, brochures and other publications about colorectal cancer.

Other CDC Resources

http://www.cdc.gov/cancer/colorectal/basic_info

In addition to its Screen for Life campaign (see below), this CDC colorectal cancer Web page offers a quick summary of key information written for a general public audience.

This site provides information for constituents such as "fast facts" about colorectal cancer, a concise explanation of the benefits of screening, tips on how to reduce risks for the cancer, statistics about who gets the cancer and a glossary of colorectal cancer terms.

Screen for Life

http://www.cdc.gov/cancer/sfl
http://www.cec.gov/cancer/colorectal/publications/materials_spanish.htm (Spanish materials)

CDC's Screen for Life National Colorectal Cancer Action Campaign is a multi-year and multi-media campaign aimed at educating Americans about the benefits of colorectal cancer screening.

The primary target audience of the campaign is men and women aged 50 and older, the age group at greatest risk of developing the cancer. Other key audiences targeted by the campaign are Medicare recipients, African-Americans and Hispanics.

The campaign is headlined by television and radio public service announcements featuring well-known media personalities, including television anchor Katie Couric, and actors Diane Keaton and Morgan Freeman. Screen for Life, which partners with state health departments, also uses a variety of other media to reach its target audiences.

At this Web site, you may link to, download and reproduce or order printed copies of fact sheets, brochures, posters and public service announcements—all of which are free. Many materials are available in Spanish.

To order copies of Screen for Life printed materials, write to:

Centers for Disease Control and Prevention
Division of Cancer: Prevention and Control
4770 Buford Hwy, NE
MS K-64
Atlanta, GA 30341-3717

e-mail cdcinfo@cdc.gov
phone (800) 488 • 4780

Screen for Life Fact Sheets for Constituents

Facts on Screening

http://www.cdc.gov/cancer/colorectal/pdf/fs-patient-basic.pdf

Información básica sobre los exámenes de detección

http://www.cdc.gov/cancer/colorectal/pdf/SFL_FactSheet_Spanish.pdf

Detailed Facts on Screening

http://www.cdc.gov/cancer/colorectal/pdf/fs-patient.pdf

Facts for People on Medicare

www.cdc.gov/cancer/colorectal/pdf/fs_medicare.pdf

The Council of State Governments' (CSG) Healthy States Initiative is designed to help state leaders make informed decisions on public health issues. The enterprise brings together state legislators, officials from the Centers for Disease Control and Prevention, state health department officials, and public health experts to share information, analyze trends, identify innovative responses, and provide expert advice on public health issues. CSG's partners in the initiative are the National Black Caucus of State Legislators and the National Hispanic Caucus of State Legislators.

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