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2 Talk with your doctor
Your physician can help you make an informed decision about the best testing method for you.

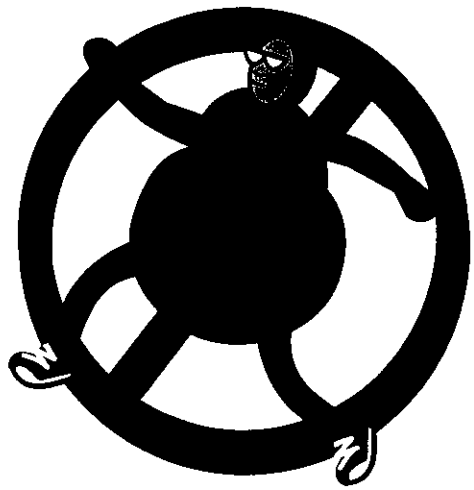
3 Get tested
The American Cancer Society recommends one of these five testing options for all people beginning at age 50.

- Yearly fecal occult blood test (FOBT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT *and* flexible sigmoidoscopy every five years (preferred over either option alone)
- Double contrast barium enema every five years
- Colonoscopy every 10 years

For more information about colon cancer and how you can prevent it or stop it early, contact your American Cancer Society. If you or someone you love has been touched by this disease, we can help.

1.800.ACS.2345
www.cancer.org

Hope.Progress.Answers.



colon cancer.
get the test.
get the polyp.
get the cure.

American Cancer Society

AMERICAN CANCER SOCIETY
6490 S. McCarran Blvd., Ste. 42
Reno, NV 89509
(775) 329-0609

C - 1 OF 12

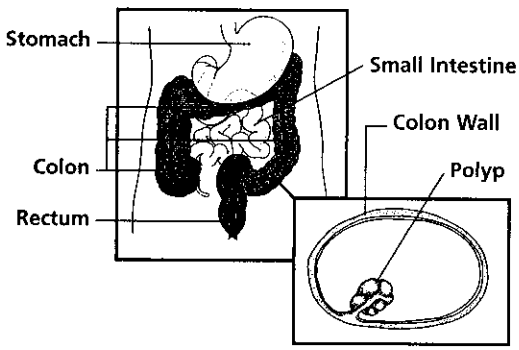
ASSEMBLY COMMERCE & LABOR
DATE: 4/25/03 ROOM: 4100 EXHIBIT C
SUBMITTED BY: BUFFY MARTIN

Get the polyp early and stop colon cancer before it starts!

Colon cancer almost always starts with a polyp. Get the polyp early and stop colon cancer before it starts. That's for both men and women.

What's a polyp?

Colon polyps are small growths on the lining of the colon or rectum, parts of the digestive tract.



How important is testing?

Testing can save lives by finding polyps before they become cancerous. If pre-cancerous polyps are removed, colon cancer can be prevented. And if this disease is found and treated at an early stage, the five-year survival rate is 90 percent.

How to Stop Polyps - Before They Go Bad

1 Know your risk

Personal risk for colon cancer varies. Can you answer yes to any of the following questions?

- Are you 50 or older?
- Are you of African American or Ashkenazi Jewish heritage?
- Has a doctor ever told you that you have inflammatory bowel disease, ulcerative colitis, or Crohn's disease?
- Has one of your parents or your brother, sister, or child had colon cancer or colon polyps?
- Do you smoke or use other tobacco products?
- Are you physically inactive - not getting regular exercise?
- Do you often eat red meat?

If you answered yes to any of these questions, you are at increased risk for colon cancer.

(over)

Did You Know?

Colorectal cancer is the second leading cause of cancer death in the US. Although screening for this disease could save thousands of lives each year, these testing procedures are not used nearly as much as they should be.

Colorectal cancers are thought to develop slowly, over many years. Before a cancer develops, there usually are precancerous changes in the colon or rectum called polyps. A polyp is a growth of tissue in the lining of the colon or rectum. Something happens to change the benign polyps into malignant tumors, but because this change takes such a long time, there is time to find the growths and remove them before they can cause trouble. This is what makes colorectal cancer a very preventable disease.

It's a Fact

Every year, about 135,000 Americans are diagnosed with colorectal cancer and about 57,000 die from this disease. Most of these cases occur after the age of 50, which is why the American Cancer Society recommends that men and women at average risk begin regular screening at age 50. However, anyone with a personal or family history of colorectal cancer, polyps in the colon or rectum, or inflammatory bowel disease is at higher risk for the disease and may need to be examined sooner and more often. If you are age 50 or older, or if you are at higher risk because of your personal or family history, talk to your doctor today about colorectal screening. Medicare and many private insurance plans pay for regular colorectal screening for all eligible patients.

1.800.ACS.2345
www.cancer.org

Hope.Progress.Answers.

American Cancer Society®

99-Rev.03/01-500M-No.2017

Colorectal Cancer

Early Detection Saves Lives

C 3 of 12

American Cancer Society®

What to Do

When colorectal cancer is detected early, the chances of successful treatment are greatest. Screening also finds many polyps before cancer develops. By removing these growths, cancer can actually be *prevented*. Colorectal cancer can be prevented or detected early and with little discomfort by using one or more of these procedures.

- The fecal occult blood test is a simple at-home procedure that checks stool samples for hidden blood which can be a sign of cancer, polyps, or other internal disorders.
- Flexible sigmoidoscopy is a procedure using a flexible, hollow, lighted tube that detects cancer or polyps inside the rectum and lower colon. The sigmoidoscope can view about one third of the colon.
- Colonoscopy is a similar procedure, except that the colonoscope is long enough to view the entire colon.
- The double-contrast barium enema is an x-ray examination that allows a radiologist to view the entire colon.

If a polyp or abnormality is discovered, a small tissue sample is removed through the colonoscope for examination. If cancer is found, surgery, sometimes combined with radiation therapy and/or chemotherapy, is the most effective method of treatment.

When

Most colorectal cancers begin as a polyp that later becomes cancerous. If polyps are found early, they can be removed before cancer develops. In this sense, colorectal cancer is a disease that can be prevented. Eating a diet that is low in fat and rich in fruits and vegetables may also lower the risk of colorectal cancer. The American Cancer Society recommends the following guidelines to detect colorectal cancer early:

Beginning at Age 50, Have One of the Following Tests:

- **Fecal occult blood test (FOBT) every year and flexible sigmoidoscopy every five years (the American Cancer Society prefers this option compared with FOBT only or flexible sigmoidoscopy only); *or***
- **Flexible sigmoidoscopy every five years; *or***
- **Fecal occult blood test (FOBT) yearly; *or***
- **Colonoscopy every 10 years; *or***
- **Double-contrast barium enema every five years.**

People at increased or high risk for colorectal cancer should talk with their doctor about a different screening schedule.

These guidelines apply to people without symptoms, who are at average risk for the disease. If you have symptoms such as a change in bowel habits, rectal bleeding, or stomach cramps that don't go away, see your doctor right away.

People with a higher risk for colon and rectum cancer (those who have had colorectal cancer or polyps, or who have inflammatory bowel disease such as ulcerative colitis, or with blood relatives who have had colorectal cancer or polyps) may need to have these tests done earlier and more often.

Remember, these tests are your best insurance for preventing or detecting colorectal cancer early when it may be successfully treated.

Early detection of small cancers also reduces the likelihood of major surgery. And today, permanent colostomies are rare in cases of colon cancer, and are required for only a small percentage of patients with rectal cancer.

American Cancer Society

American Cancer Society Guidelines for the Early Detection of Colon Cancer

Beginning at age 50, the American Cancer Society recommends men and women follow one of the following five testing options:

- Yearly fecal occult blood test (FOBT)
- Flexible sigmoidoscopy every five years
- Yearly FOBT *and* flexible sigmoidoscopy every five years (preferred over either option alone)
- Double contrast barium enema every five years
- Colonoscopy every 10 years

Note:

- Flexible sigmoidoscopy together with FOBT is preferred when compared to FOBT or flexible sigmoidoscopy alone.
- All positive tests should be followed up with colonoscopy.
- People should begin colon cancer testing earlier and/or undergo testing more often if they have any of the following colon cancer risk factors:
  - Personal history or family history of colon cancer
  - Personal or family history of intestinal polyps
  - Personal history of inflammatory bowel disease (ulcerative or Crohn's colitis)
  - Certain genetic factors (familial adenomatous polyposis, Gardner's syndrome, hereditary nonpolyposis colorectal cancer)

Frequently Asked Questions about the Need for Colorectal Cancer Screening Legislation: *The Eliminate Colorectal Cancer Act (S. 710/H.R. 1520)*

Q: *Health plans have said that they cover colorectal cancer screenings. Why is this legislation necessary?*

A: **Colorectal cancer screening tests vary in complexity, cost, and effectiveness and not all health plans cover the full range of colorectal cancer screening tests. Which test should be used depends on factors including the patient's health and medical history. Choosing the most medically appropriate test is a decision that should be made by the patient and physician. It is critical that patients have coverage for the full range of screening options in order to make the best decision for each individual. This bill ensures access to the full range of colorectal cancer screening for patients over the age of 50 or at high risk.**

Four colorectal cancer screening tests are currently recommended: the Fecal Occult Blood Test (FOBT); flexible sigmoidoscopy (flex sig); colonoscopy; and double contrast barium enema. Their effectiveness is not equal. FOBT, for example, is the least expensive, but used on its own it detects fewer than half of all cancers. While all the screening tests save lives, colonoscopy is the most complete and accurate. It is widely considered to be the gold standard for colorectal cancer screening tests, not only because it is highly effective, but because **colonoscopy has the benefit of enabling removal of pre-cancerous polyps during screening – preventing cancer altogether.** Additionally, all positive results from the other exams need to be followed by a colonoscopy.

This bill would assure coverage for the full range of colorectal cancer screening options. The benefit of providing access to the full range of colorectal cancer screening tools outweighs the costs. For example, a polyp can be removed during screening for about $1,100, **but if a patient is not diagnosed until symptoms are exhibited, the chance of survival drops to 8% and care can cost up to $58,000** (see additional cost data below). Health plans may believe they are covering colorectal cancer screening, but often may cover only FOBT and/or flexible sigmoidoscopy.

The American Cancer Society and many other organizations have been working with health plans to include coverage for the full range of screening options. While a few plans offer this coverage, too many still do not, even though scientific evidence clearly favors providing coverage for the full range of tests.

Q: *Are health plans providing coverage for the full range of screening exams?*

A: **Too many health plans are not providing the coverage for the full range of screening tests, despite the scientific evidence in favor of providing this access.**

Commercial health plan benefit information is not publicly available; however, plan coverage information is available for all 248 plans that participate in the Federal Employee Health Benefit Program (FEHBP), the nationwide program that is used to attract and retain federal employees and covers approximately nine million people. Plan coverage information for the FEHBP is publicly available and offers a picture of the "lay of the land" on colorectal cancer screening. The American Cancer Society contracted with the Lewin Group to conduct an analysis of the FEHPB plans and obtain a better understanding of what insurance companies are covering with respect to colorectal cancer screening. (FEHBP plans are required to cover colorectal cancer screenings, but have discretion regarding which screening tests to include in their coverage policies.)

The Lewin Group selected a representative sample of the FEHBP plans (e.g., both large and small plans from different geographical areas, etc.) and then analyzed their colorectal cancer screening benefits. The results showed that every participating plan covers the basic tests – FOBT and flexible sigmoidoscopy – but fewer **than 5% also cover colonoscopy**. As evidenced by those plans affiliated with the FEHBP, most plans simply are not providing comprehensive coverage for CRC screening on their own accord.

Furthermore, for the plans that are covering colonoscopy, the co-pay amounts do not differ between the plans that cover the full range of screening tests and the other plans that only offer coverage for FOBT and flex sig screening. **Thus, more comprehensive benefits for colorectal cancer screening do not appear**

to have a significant impact on member out-of-pocket expenses. In short, S. 710/H.R. 1520 will save lives at minimal costs, if any.

Q: *Isn't this going to cost a lot of money and increase premiums?*

A: **No. For the majority of health plans, assuring coverage for the full range of colorectal cancer screening exams would not increase costs. In fact, for many plans, providing coverage for the full range of tests would reduce per member per month costs.**

The American Cancer Society commissioned a study from the Lewin Group to analyze the costs of colorectal cancer screening and determine the cost impact on health plans and their members. The analysis determined costs in terms of the per member per month (PMPM) costs – a figure that determines how much a new benefit would cost individual plan members. PMPM is the price tag of a new benefit. This study, which is being submitted for publication, showed that offering coverage to the full range of colorectal cancer screening tools is very affordable. If a health plan is offering only FOBT, adding a colonoscopy benefit will cost an additional eight cents PMPM. If **plans offer both FOBT and flex sig – as most plans do based on the FEHBP study - adding colonoscopy can actually save plans 11 cents PMPM.**

This study also confirms that health plans covering these tests end up absorbing costs from plans that do not, because they take in new plans members who should have been screened in another plan – but weren't. According to the American Association of Retired Persons (AARP), 25% of the privately insured population switch insurance plans every year. As people change health insurers, plans that cover screening inherit the cost of cancer treatments for cancers that should have been prevented. When a plan ends up treating a cancer at a later stage, it means a more costly battle against cancer and a lower chance of survival for the patient. Federal legislation is necessary to level the playing field among insurers.

It is also important to note that Congress enacted bi-partisan legislation in 2000 that updated the Medicare coverage policy to provide for the full range of colorectal cancer screening options. Unfortunately, now that Medicare is providing coverage, the program is penalized because it inherits beneficiaries with otherwise preventable colorectal cancer. **S. 710/H.R. 1520 would reduce costs to Medicare by preventing cancers before beneficiaries even enter the Medicare program.**

Q: *Wouldn't this be a pretty broad coverage requirement?*

A: **No. It is very targeted – those at high risk or 50 and over at average risk.**

Because Medicare already covers the population over age 65, this legislation focuses on the privately insured population in the 50-65 age group. In fact, since colonoscopy is recommended only once every 10 years, this would mean that insurers would end up covering only one or two screens, if an enrollee seeks colonoscopy screening. Furthermore, approximately 70% of Americans diagnosed with colorectal cancer are at average risk (i.e., they do not have a family history of the disease or other risk factors), making coverage for average risk vitally important.

Q: *Does this bill have something to do with the Medicaid Program?*

A: **No. Legislation addressing coverage for the Medicaid program has not been introduced. This bill, the Eliminate Colorectal Cancer Act (S. 710/H.R. 1520), focuses on commercial health insurance only.**

The Eliminate Colorectal Cancer Act (S. 710/H.R. 1520) would assure coverage for privately insured Americans for the full range of colorectal cancer screening tests. Introduced by Senators Helms (R-NC) and Kennedy (D-MA) and Representatives Slaughter (D-NY) and Morella (R-MD), it has broad bi-partisan support in the Senate and House.

Colorectal Cancer is the second leading cause of cancer-related deaths. Through screening, we can prevent over half of all deaths from this disease. This legislation would allow us to reduce suffering and save lives at relatively little or no cost to health plans, while saving tax payer dollars. Passing the Eliminate Colorectal Cancer Act will save money – and most importantly, it will save lives.

National Government Relations Department
April 2002

Colorectal Cancer: A leading killer that can largely be eliminated through screening

The American Cancer Society calls on Congressional leaders to support and pass the Eliminate Colorectal Cancer Act this year. Colorectal cancer is a leading killer in the United States that will take the lives of *more than 56,600 men and women* this year alone. In fact, it is the second leading cause of cancer-related deaths among men and women in the United States. The real tragedy is that we have tools to prevent unnecessary suffering and deaths from colon and rectal cancers, but those tools are not being used. Consider the following:

- **Colorectal cancer can be prevented.** In fact, the polyps that can lead to cancer can be removed during regular colonoscopy screening exams.
- **Colorectal cancer screening saves lives.** When colorectal cancer is diagnosed early, at a localized stage, more than 90% of patients survive for five years or more. Once the disease has metastasized, a grim 92% of patients die within five years. Yet, only 37% of colorectal cancer cases are diagnosed while the disease is still in the localized stage.[1]
- **Too few Americans are currently screened for colorectal cancer.** According to a 1999 CDC report, only 44% of U.S. adults 50 or older had been screened recently for colorectal cancer.[2]
- **Increasing access to and use of colorectal cancer screening would reduce deaths.** If all men and women age 50 and over practiced regular colorectal cancer screening -- without any new scientific discoveries – our nation could see up to a 50% reduction in deaths from this disease.[3]

Americans Need to have Access to the Full Range of Screening Tools

Screening is the search for disease in persons who do not know they have that disease and who do not have any symptoms. **The American Cancer Society strongly believes all Americans over the age of 50 and those at increased risk under the age of 50 should have access to the full range of screening exams according to our guidelines. Furthermore, the final decision about which exam a person should use should be left to the patient and his or her physician.** To ensure full access, individuals should have coverage assured for the following preferred screening options:

- Annual Fecal Occult Blood Test (FOBT) + Flexible Sigmoidoscopy (Flex Sig) every 5 years
- Colonoscopy every 10 years
- Double-contrast barium enema every 5 years

The Society recognizes that individuals often prefer one exam over another. At this time, when the overall screening rate is low, offering the full range of alternatives makes sense. It is also important to note that the effectiveness of these tests is not equal. While all the screening tests save lives, colonoscopy is the most complete and accurate screening test, whereas FOBT detects less than half of all cancers.

Colonoscopy is considered the "gold standard" not only because it is highly effective, but also because it has the added benefit of being able to remove precancerous polyps during screening – preventing cancer altogether. Additionally, all positive results from the other exams need to be followed by a colonoscopy anyway. The benefit of providing access to the full range of colorectal cancer screening tools outweighs the costs – a polyp can be removed during screening for about $1,100.[4] *Yet, if a patient is not diagnosed until symptoms are exhibited, the chance of survival drops to 8% and care can cost up to $58,000.*[5]

Lack of Insurance is a Barrier to Screening

There is no question that more Americans need to be screened for colorectal cancer – a mere **26% of those between the ages of 50-59 received a Flex Sig or a colonoscopy within the last five years.**[6] We know that lack of insurance coverage plays an important role in a patient's decision to get screened. In fact, studies have shown that there is a direct link between the use of preventive services and the level of service covered by health plans.[7] Another important factor in patients' decisions to get screened is whether or not it was recommended by their physician. However, a recent study showed that physicians were reluctant to provide this screening because they believed that insurers would not cover their costs.[8]

Congress recognized the importance of screening and passed legislation assuring Medicare coverage for the full range of colorectal cancer screening tools. However, those in the under-65 population do not have the same assurance. Currently 15 states have colorectal cancer screening assurance laws, but those laws do not protect the 44% of the U.S. population who are covered by Employee Retirement Income Security Act (ERISA) plans.[9]

Providing Coverage Assurances *Would Not* be Expensive

The American Cancer Society considers the cost to insurers and the affect cost has on consumers very seriously. For this reason, the Society commissioned a study to analyze the varying costs of colorectal cancer screening in terms of the Per Member Per Month (PMPM) costs – a figure that determines how much a new benefit would cost individual plan members. This study showed that offering coverage to the full range of colorectal cancer screening tools is actually very affordable. **In fact, if a health plan is already offering FOBT – as most plans are – adding a colonoscopy benefit will *cost only eight cents more* per member per month. Plans that are currently offering both an FOBT and a Flex Sig would actually *save 11 cents* per member per month when members choose the colonoscopy benefit.**

Finally, this study also confirmed that many health plans covering these tests end up absorbing costs from other plans that do not. Plans that do not cover colorectal cancer screening are increasing costs for plans that do cover screening – *by thousands of dollars*. According to the American Association of Retired Persons (AARP), 25% of the privately insured population switch insurance plans every year. As people change health insurers, plans that cover screening end up paying for cancers that could have been prevented altogether – which means a more costly battle against cancer and a lower chance of survival. Without federal legislation, the "bad players" will continue penalizing the "good players" in the insurance market. It is time to level the playing field to ensure that all are doing their part to save lives from colorectal cancer.

Congress Can Bring Down Barriers to Screening

The American Cancer Society and others have been working to educate both the public and health care providers about the importance of colorectal cancer screening. As we increase awareness of the benefits of screening, we also need to ensure that when individuals seek screening, *coverage is there*. Congress can do its part by passing the **Eliminate Colorectal Cancer Act** (S.710/H.R.1520), sponsored by Senators Edward Kennedy (D-MA) and Jesse Helms (R-NC) and Representatives Louise Slaughter (D-NY) and Connie Morella (R-MD). This legislation ensures that all private health plans and health insurers provide coverage for the full range of colorectal cancer screening tools.

The American Cancer Society and its 28 million volunteers and supporters urge Congress to support and pass the Eliminate Colorectal Cancer Act this year to ensure that all individuals have access to and coverage of early detection screening for cancer – an important step in saving a significant number of American lives.

National Government Relations Department
February 2002

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[1] American Cancer Society. *Cancer Facts & Figures 2002*. Atlanta (GA): American Cancer Society, 2002.
[2] CDC's MMWR Morbidity and Mortality Weekly Report: March 9, 2001/Vol. 50/No. 9.
[3] Winawer S.J., et al. Colorectal Cancer Screening: Clinical Guidelines and Rationale. *Gastroenterology* 1997; 112: 594-642.
[4] Khandker RK, et al. Cost-Effectiveness Analysis of Colorectal Cancer Screening and Surveillance Guidelines. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. Publication No. 00-R051. 2000.
[5] Frazier AL, Colditz GA, Fuchs CS, and Kuntz KM. Cost-Effectiveness of Screening for Colorectal Cancer in the General Population. Journal of the American Medical Association 2000;284(15):1954-61.
[6] American Cancer Society. *Cancer Facts & Figures 2002*. Atlanta (GA): American Cancer Society, 2002
[7] Agency for Health Care Policy and Research. Women's Use of Preventive Screening Services: A Comparison of HMO Versus Fee-for-Service Enrollees. July 1997.
[8] J.D. Lewin and D.A. Asch, "Barriers to Office-Based Screening Sigmoidoscopy: Does Reimbursement Cover Costs?" Annals of Internal Medicine, vol. 130, no. 6 (Mar. 1999), pp. 525-30.
[9] GAO Report. *Employer-Based Health Plans: Issues, Trends and Challenges Poised by ERISA*. July 1995.

American Cancer Society®

The Facts on Colorectal Cancer

- **Colorectal cancer will take the lives of *more than 56,600 men and women* this year alone.**

- **In fact, cancers of the colon and rectum combined (colorectal) are the second leading cause of cancer-related deaths among men and women in the United States.**

- **Many people have the misperception that this is a "male cancer." But actually, women get it just as often as men do. African Americans also have an increased incidence of colorectal cancer.**

- **Colon cancer can be prevented. In fact, the polyps that can lead to cancer can be removed during regular colonoscopy screening exams.**

- **Colorectal cancer screening saves lives**. When colorectal cancer is diagnosed early more than 90% of patients survive for five years or more.

- **Too few Americans are currently screened for colorectal cancer**. According to a 1999 CDC report, only 44% of U.S. adults 50 or older had been screened recently for colorectal cancer.

- **Increasing access and use of colorectal cancer screening would reduce deaths**. If all men and women age 50 and over practiced regular colorectal cancer screening we would reduce the number of deaths by half.

April 25, 2003

Chairman Goldwater and members of the Committee, my name is Jessica Clayton and I will be testifying in support of Senate Bill 183. I was not able to take off from work today, so I have asked Ms. Maureen Brower to read my testimony for me.

In the early 1990's, my mother Trini Carlson, began experiencing rectal bleeding and cramping. Her doctors suggested a colonoscopy, but her insurance company did not cover the procedure and she could afford it without help from the insurance company. In early 1998, I received a phone call from my mother telling me that she had colorectal cancer. She went through intensive radiation and chemotherapy. Later that year the cancer had metastasized into her liver and was at stage 4. I was about six months pregnant at the time and feared not only that I would lose my mother, but that she would never see her unborn grandson. I left my job and sold everything I had to be with her and was able to spend her last months with her everyday. Fortunately she was able to see my son born, but then died three months later.

The fact that my mother's death could have been prevented by a colonoscopy angers me and is the reason I am here to testify in support of Senate Bill 183. Every day I experience the "what if", what if she could have received this test, would she still be alive? Would I still have my mother to help me raise my son? I know one thing, if she was able to receive a colonoscopy, I would be able to share the joys of life with her instead of having to testify before the Nevada State Legislature. I do not want another person to go through what my mother and our family experienced. On behalf of Nevada's families, I ask you to please vote to support this life saving bill.

Thank you.

March 13, 2003

Dear Members of the Senate Commerce and Labor Committee,

Re: SB 183

Thank you for the opportunity to speak on the issue of Senate Bill 183. Unfortunately I have a mayoral obligation out of town, so I must submit my testimony in writing.

After hearing so much about the benefits of colonoscopy, this past fall I asked my physician about the procedure. He recommended that I schedule a colonoscopy since I am over 50 and I am a cancer survivor. To my great dismay, I discovered that my insurance company does not cover colonoscopies, and the procedure would cost me out of pocket approximately $1500.00. To date, I have not had a colonoscopy. As a small business owner, $1500.00 is not an expense I can readily absorb.

Senate Bill 183 is an important piece of legislation since it would ensure that insurance companies, with the exception of self insured, would provide their clients with this possible life saving procedure. Colon cancer is deadly and usually when symptoms arise, it is too late. A colonoscopy can detect polyps and remove them before they become cancerous.

Not only could this bill save lives, it is financially smart. A study commissioned by the American Cancer Society found that if insurance companies already offer the Fecal Occult Blood Test (FOBT) and Flexible Sigmoidoscopy, adding colonoscopy can actually save plans 11 cents. We know that a colonoscopy is far less expensive than treatment for colon cancer.

I urge you to vote to support this life saving bill, Senate Bill 183.

Sincerely,

Mayor Tony Armstrong
City of Sparks, Nevada