



Remarks of Catherine Knowles, C3's Director of Policy – As Prepared for Delivery

The State of Colorectal Cancer Screening and Prevention

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Last evening, we heard the President talk about the importance of moving forward with health reform. While it remains unclear exactly what shape the final health care reform package will take or when a final bill will be sent to the President, both of the current bills have provisions important to the colorectal cancer community.

The House-passed and Senate-passed bills include provisions aimed at reducing cost of preventive services like colorectal cancer screening. These provisions will help to increase population-based screening rates.

Specifically, the bills: (1) eliminate cost sharing requirements for all preventive services (including colorectal cancer screening) that have a United States Preventive Services Task Force (USPSTF) A/B rating, and requires coverage of these tests by private insurance; and (2) increase Medicare coverage of preventive services. In addition, the House-passed bill also requires state Medicaid programs to cover (without cost-sharing) preventive services such as colorectal cancer screening.

Lowering the cost of screening and preventive services is just one reason why health reform is important for cancer patients. On C3's website at www.FightColorectalCancer.org you can view a chart that compares all the provisions in the House-passed and Senate-passed bills that affect colorectal cancer patients and that explains why the provisions are important to colorectal cancer patients.

As we have heard from the other speakers here this morning, over last decade we have made great strides in the fight against colorectal cancer. Screening rates are increasing, and enactment of health reform legislation that includes provisions lowering the cost of preventive services will help build on the accomplishments of the last decade.

But a health reform bill is not enough. To really propel the colorectal cancer advocacy community forward and see a significant increase in population-based screening rates, we need a national screening and treatment program enacted.

This could be the year we see that vision become a reality. The expansion of the CDC's colorectal cancer screening program to 22 states and 4 tribal territories, the success of the CDC's 5-site demonstration program, and the focus on health reform have set the stage for enactment of a national screening and treatment program.



We heard from Dr. Seeff about the success of the CDC's screening demonstration program. That program is the model for a national screening program and helped to shape the legislation introduced by Representatives Granger and Kennedy.

One of the lessons both from demonstration program and from starting up the breast and cervical cancer program at the CDC – is the importance of including a treatment piece. A treatment piece is important not only for doctor recruitment and retention, but also for ensuring that when patients are diagnosed they can easily be referred to affordable treatment. The breast and cervical cancer program did not have a treatment piece in place until 2000. Before the treatment piece for that program was in place patients who were diagnosed faced an ad hoc system to help them find affordable treatment.

This important lesson is why Representatives Granger and Kennedy included a treatment piece in H.R. 1189, the *Colorectal Cancer Prevention, Early Detection, and Treatment Act*. The treatment piece is a small but very important part of the bill that only comes into play if a patient needs radiation or chemotherapy.

We know from the breast and cervical cancer program, that creating a national screening and treatment will significantly increase population-based screening rates. In 1987, before the national breast cancer screening program was enacted only 29 percent of women aged 40 and older reported having a mammogram in the previous two years. Today that screening rate is over 70 percent.

Whatever happens with health care reform, we need a national screening and treatment program enacted because it will help to dramatically raise the profile of the importance of early detection and screening. Today, even among the insured population, screening rates remain low.

You have heard from a number of speakers today about the strong evidence regarding the effectiveness of screening for colorectal cancer in reducing mortality rates from this disease that is treatable, beatable **and preventable**. Enactment of H.R. 1189, and the establishment of a national screening and treatment program will help to achieve goals of increasing population-based screening rates. It will save thousands of lives and save billions in Medicare expenditures.

Passage of a national screening and treatment program for breast and cervical cancer allowed us to make great strides in the fight against those diseases and saved thousands of lives. It is time we did the same thing for colorectal cancer.

I look forward to working with all of you as we move forward in the fight against colorectal cancer. Thank you.