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# How a bill becomes a law...

# bill → LAW

- Introduction
- Committee Action
- Floor Vote
- Moves to the other Chamber – *“Let’s do it all over again.”*
- Conference Committee
- Conference Report
- Vote Again
- Signed or Vetoed by the President

# What's Happening in Congress?

# Health Care Reform

# Earmark Reform

# Health Care Reform

- ❖ What is in the pending bills?
  - ❖ <http://link.fightcrc.org/HCRchart>

# Health Care Reform (Cont'd)

- ❖ Why do we need screening-related legislation if health care reform is enacted?
  - ❖ To see a significant increase in population-based screening rates.
  - ❖ Today, even among the insured population, screening rates remain low. This despite the strong evidence regarding the effectiveness of screening for colorectal cancer in reducing mortality rates.

# Health Care Reform (Cont'd)

- ❖ Why do we need screening-related legislation if health care reform is enacted? (Cont'd)
  - ❖ **To lower mortality rates.**
  - ❖ If everyone over 50 years older were screened regularly for colorectal cancer the death rate for this disease could plummet by 80 percent.

# Health Care Reform (Cont'd)

- ❖ **Bottom Line.**
- ❖ Regardless of what happens with health reform we need stand-alone CRC legislation enacted in order to increase population-based CRC screening rates and decrease CRC mortality rates.

# Earmark Reform

- ❖ What is an earmark?
  - ❖ Refers to funding requested by a Member for a specific project. Examples include: new equipment for a hospital; job training programs; military-related projects.

# Earmark Reform (Cont'd)

- ❖ Recent history of earmark reform.
  - ❖ In 2007, robust earmark disclosure requirements took effect – including detailed lists of every earmark and sponsor in each approps bill; certification by Member that they have no financial interest in request; and identification of earmarks airdropped in conference.

# Earmark Reform (Cont'd)

- ❖ In 2009, Members were required to post all requests online.
- ❖ This year, the House Approps Cmte banned all earmarks directed for for-profit entities.
- ❖ Two weeks ago, the Republican Conference voted to ban **all** earmarks.

# Earmark Reform (Cont'd)

- ❖ What is the effect of earmark reforms on what you will be asking Members to support?
  - ❖ No effect.
  - ❖ **The funding you will be asking Members to support through the Department of Defense is a programmatic request not an earmark.**

# What You Will Be Asking Members to Support Tomorrow

# “The Ask”

- ❖ \$50 million in funding for the Peer Reviewed Cancer Research Program (PRCRP) at the Department of Defense for Fiscal Year 2011.
  - ❖ The PRCRP funds research for a number of cancers including colorectal cancer. The program concentrates its resources on research mechanisms which complement rather than duplicate the research approaches of the major funders of medical research in the United States.

# “The Ask” (Cont’d)

- ❖ **Cosponsor the Colorectal Cancer Prevention, Early Detection, and Treatment Act (H.R. 1189).**
  - ❖ Establishes a national colorectal cancer screening and treatment program administered by the Centers for Disease Control and Prevention (CDC) similar to what we currently have in place for breast and cervical cancer.

# “The Ask” (Cont’d)

- ❖ **Cosponsor the Colorectal Cancer Screening and Detection Act (H.R. 1330).**
  - ❖ Requires all health insurance plans, both individual and group, to cover a colonoscopy for anyone age 50 or older.
  - ❖ The coverage this legislation requires is similar to the coverage that almost all states require health plans to provide for breast cancer screening.

# Benefits of Enacting Screening Legislation

- ❖ **Increase Screening Rates and Save Lives**
  - ❖ Screening saves lives in two ways, by preventing cancer when pre-cancerous polyps are removed, and by finding cancer in its earliest, curable stage.
  - ❖ Screening rates have increased by 50% in the last 10 years for people who have insurance, and have not changed for people without insurance.
  - ❖ 30,000 to 44,000 lives a year could be saved if CRC screening was fully accessible and utilized.

# Who Should Be Screened for CRC?

- ❖ Most physicians agree that everyone older than 50 years should be screened for polyps every seven to 10 years.
- ❖ Individuals at increased risk should be screened every five years and may start screening at age 40 or younger.
- ❖ Risk factors for the disease include a history of polyps, a family history of colorectal cancer, or the presence of blood in the stool.



# Why 50?

- ❖ The US Preventive Services Task Force balances risk and benefit in making their recommendations. They have determined that the risks of screening before 50 outweigh the benefits.

# Why 50? (Cont'd)

- ❖ It is important to remember that anyone at any age with symptoms of colorectal cancer needs to be evaluated to rule out colorectal cancer.
- ❖ Talk to your doctor if you have symptoms of colorectal cancer – **no matter what your age** – and insist that he/she rule out colorectal cancer.

# Benefits of Enacting Screening Legislation (Cont'd)

## ❖ Cost Savings for Medicare

- ❖ H.R. 1189 will save the Medicare system billions because Medicare will cover fewer older Americans with late stage disease.
- ❖ A screening program for CRC in a patient population averaging 10 years prior to Medicare eligibility (i.e., individuals aged 50-64) would **save at least 2 dollars for every dollar spent.**

# Bottom Line

- ❖ Increased funding at DoD is needed to build on research improvements made over the last 30 years.
- ❖ National screening and treatment program is needed to increase population-based screening rates which will save lives and save money.
- ❖ Loopholes in federal law need to be closed so that state mandates apply to all insurance companies thereby lowering the costs of a colonoscopy to patients.

# The Power of Advocates

Action	CRC - 2000	CRC - TODAY
Insurers are required to cover screening costs	< 20 states	29 states
National screening and early detection spending by CDC (Centers for Disease Control)	\$500,000	\$39M
Research funding in the Department of Defense	Zero	\$15M shared with other cancers
Funding for research at the National Cancer Institute	\$175.8M	\$273.7M
Mortality	56,399	49,920

# Your Voice is Important

- ❖ As a member of the cancer community, your voice needs to be heard in Washington.
- ❖ No one can better explain how the health care policy decisions made by Congress will affect cancer survivors and caregivers than you!

# Your Voice is Powerful

- ◆ You are the experts.
- ◆ The Members and staff will learn from what you tell them.



Any Questions?