

March 8, 2022

Hon. Andrea Stewart-Cousins  
New York State Senate  
Hon. Carl Heastie  
New York State Assembly  
New York State Capitol  
Albany, NY 12224

***Re: Support for S906-A SANDERS / A2085-A DINOWITZ—the Colorectal Cancer Screening Cost Sharing Removal Act***

Dear Speaker Heastie and Majority Leader Stewart Cousins

On behalf of all our organizations we respectfully request that you support S906-A SANDERS / A2085-A DINOWITZ—the Colorectal Cancer Screening Cost Sharing Removal Act.

Colorectal cancer is the third leading cause of death for men and women in New York. In 2022, an estimated 8,950 New Yorkers will be diagnosed with colorectal cancer and an estimated 2,670 will die from this preventable disease.

Colorectal cancer is one of the few truly preventable cancers, making colorectal cancer screening one of the most cost-effective preventive screenings.

Both the American Cancer Society and The United States Preventive Services Task Force recommend people at average risk of colorectal cancer start regular screening at age 45 and recommend continued regular screening until age 75.

Beginning screening at the recommended age will lead to earlier diagnoses, when treatment is less expensive, and patients are more likely to survive. The five-year relative survival rate for colorectal cancer is nearly 90 percent when caught at a local stage but drops to 71 percent and 14 percent when caught at regional and distant stages.

Colorectal cancer affects the Black community at disproportionate rates. Black communities are about 20% more likely to get colorectal cancer and about 40% more likely to die from it than any other group.

The COVID-19 pandemic has made at home stool based colorectal cancer tests more important and more common than ever. After reviewing the results of a stool-based test, a health care provider may recommend a follow up colonoscopy when signs of cancer are present in the test results.

However, in New York some insurers are charging patients significant out-of-pocket costs for the follow up colonoscopy that their doctor recommends. These out-of-pocket costs can pose a significant barrier to screening for many patients.

Multiple studies have shown that individuals are less likely to seek health services, including preventive screenings, when they must pay for those services out-of-pocket.

If a follow-up colonoscopy is needed after a positive stool-based screening test, it should be considered as the next step in the preventive screening process and therefore should be covered by health insurers with no patient out-of-pocket cost. Eliminating patient out-of-pocket cost for follow-up colonoscopy will ensure that cost is not a barrier to screening and help to close the gap in health disparities.

We respectfully request your support for S906-A SANDERS / A2085-A DINOWITZ—the Colorectal Cancer Screening Cost Sharing Removal Act. This legislation would require insurance plans to cover colorectal cancer screening beginning at age 45 and eliminate all patient cost-sharing for a follow up colonoscopy. Last session, this bill passed the Assembly but stalled in the Senate. New Yorkers cannot afford another delay.

For more information or questions, please contact Michael Davoli at [michael.davoli@cancer.org](mailto:michael.davoli@cancer.org) or at 212-237-3853.

Sincerely,

AARP NY  
Advanced Endoscopy Center  
Advanced Surgery Center of Long Island  
American Cancer Society  
American Cancer Society Cancer Action Network  
American College of Obstetricians and Gynecologists, District II  
American Nurses Association- New York  
Brooklyn College Cancer Center  
Columbia University Hebert Irving Comprehensive Cancer Center  
Community Health Care Association of New York State  
East Side Endoscopy  
Endoscopy Center of WNY, LLC  
Fight Colorectal Cancer  
Finger Lakes IPA, Inc  
Great South Bay Endoscopy Center  
Island Digestive Health Center  
Long Island Community Hospital  
Manhattan Endoscopy Center  
Medical Society of the State of New York  
Memorial Sloan Kettering Cancer Center  
Mid Bronx Endoscopy Center.  
Montefiore-Einstein Cancer Center  
NAACP New York State Conference  
New York Chapter American College of Physicians  
New York Oncology Hematology  
New York State Academy of Family Physicians  
New York State Association for Rural Health  
New York State Association of County Health Officials

New York State Osteopathic Medical Society  
New York State Public Health Association  
New York State Radiological Society  
NY Gastroenterology Associates  
NYS Academy of Family Physicians  
NYS Association of Ambulatory Surgery Centers  
NYS Association-County Health Officials  
NYS Neurological Society  
NYS Psychiatric Association  
NYS Radiological Society  
NYS Society of Anesthesiologists  
NYS Society of Dermatology & Dermatological Surgery  
NYU Langone Health  
Oswego County Division of Mental Hygiene  
Oswego County OB-GYN, P.C.  
Patients Rising Now  
PE GI Solutions  
Perlmutter Cancer Center at NYU Langone  
Physicians Endoscopy  
Putnam G.I., LLC  
Queens Endoscopy ASC LLC  
REACH CNY, Inc.  
Roswell Park Comprehensive Cancer Center  
Rural Health Network of Oswego County  
Sandra and Edward Meyer Cancer Center at Weill Cornell Medicine  
SBEC  
Sickle Cell/Thalassemia Patients Network, Inc (SCTPN)  
South Brooklyn Endoscopy Center  
Stony Brook University Cancer Center  
Summit Medical Group  
The Endoscopy Center of New York  
The New York State Neurological Society  
Tisch Cancer Institute, Icahn School of Medicine at Mount Sinai  
United Way of Greater Oswego County  
Westchester Putnam Gastroenterology

CC:

All New York State Assembly members  
All New York State Senators