



MEMORANDUM OF SUPPORT

March 9, 2022

*Support S906-A SANDERS / A2085-A DINOWITZ,
The Colorectal Cancer Screening Cost Sharing Removal Act*

Background:

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.

NYSPPHA Recommends: We strongly support 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.

Direct questions to: advocacy@nyspha.org

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