

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 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