Presented by a coalition of organizations committed to the early detection and prevention of colon cancer.

The American Gastroenterological Association (AGA) is the trusted voice of the GI community. Founded in 1997, the AGA has grown to include 27,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA advocates action to protect, practice, research and educational programs of the organization. Visit www.gastro.org

ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to ensure elected officials and candidates make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit www.acscan.org.

Fight Colorectal Cancer demands a cure for the second leading cancer killer in the United States. In addition to our advocacy work, we support patients, family members, and caregivers and serve as a resource for colorectal cancer advocates, policymakers, medical professionals, and healthcare providers. We also do everything we can to increase and improve access to all stages of development and for all stages of cancer. Found out how you can get involved at FightColonCancer.org.

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with nearly 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.asgerelief.org for more information and to find a qualified doctor in your area.

The American Society of Colon and Rectal Surgeons (ASCRS), established in 1989, is an association of surgeons and other professionals dedicated to assuring high quality patient care by addressing issues of prevention and management of diseases and illnesses of the colon, rectum and anus. The ASCRS and its members believe that diseases of the colon, rectum and anus are significant health problems; that people deserve the best quality care for these diseases; and that an educated public is important in improving in recognition, treatment and ultimate eradication of these diseases.

The Colon Cancer Alliance (CCA) is the leading national patient advocacy organization dedicated to improving colon cancer screening rates and survival. The CCA is an active, caring community that provides hope and support to patients and families touched by colorectal cancer. The CCA is also the leading source of colorectal cancer related information on the internet. Learn more at www.ccalliance.org.

The Colon Club was founded in 2003 by Molly McPhater, a colon cancer survivor who was diagnosed on her 23rd birthday, and Hannah Vogler, whose mother and Molly’s friend, Amanda Monahan, passed away from the disease at the age of 27. Our main goal is to educate as many people as possible on the topic about colorectal cancer and out-of-the-box ways. Our wishes are for people to have “color talk” in their everyday lives, to know the risk factors and symptoms, and to get screened when it is appropriate for them. For more information, please visit www.colonclub.com.

Founded in 1912, Hadassah, The Women’s Zionist Organization of America, Inc., is the largest women’s Zionist membership organization in the United States. In Israel, it supports pacesetting medical care and research, education and youth programs, and reforestation and peels projects. In the US, Hadassah promotes health education, social action and volunteerism, Jewish education, Young Judaeans and connections with Israel. For complete information about Hadassah, visit www.hadassah.org.

The Cancer Support Community is an international non-profit dedicated to providing support, education and hope to people affected by cancer. Likely the largest employer of psychosocial oncology mental health professionals in the United States, CSC is a network of personalized services and education for all people affected by cancer. Its global network brings the highest quality cancer support to the millions of people touched by cancer. These support services are available through a network of professionally-led community-based centers, hospitals, community oncology practices and online. Since 1946, CSC has had the honor to have cancer stories, like Amanda Sherwood Roberts, died of the disease at the age of 27. Our main goal is to educate as many people as possible on the topic about colorectal cancer and out-of-the-box ways. Our wishes are for people to have “color talk” in their everyday lives, to know the risk factors and symptoms, and to get screened when it is appropriate for them. For more information, please visit www.colonclub.com.

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2012 Colorectal Cancer Legislation Report Card

2012

Presented by

PreventCancer

Presented by a coalition of organizations committed to the early detection and prevention of colon cancer.

PreventCancer

www.preventcancer.org

This Report Card provides a snapshot of each state’s effort to pass legislation requiring insurance coverage for colon cancer screening tests, according to the best clinical guidelines.
SAVE LIVES.
MAKE COLORECTAL CANCER SCREENING A NATIONAL PRIORITY.

Colorectal cancer is the second leading cause of cancer deaths for men and women combined in the United States, but it doesn’t have to be. When colorectal cancer is diagnosed at an early stage, the five year survival rate is 90 percent. However, when it is not diagnosed until it has spread to distant organs, the five year survival rate is only 12 percent. In 2012, the American Cancer Society reported that the colorectal cancer death rate has continued to decline, down approximately 2.7 percent per year in men and 2.5 percent per year in women from 2004 to 2008.

GET TESTED. BEAT THIS DISEASE.

The federally mandated essential benefits package in the Affordable Care Act will not take effect until early 2014, and without strong protections could leave major gaps in its requirements for coverage of colorectal cancer screening for some at-risk groups. It is essential that states move in advance of 2014 to protect the health of ALL of their citizens now and in the future by adopting legislation requiring insurers to cover the cost of colorectal cancer screening.

In the 2012 Report Card for Colorectal Cancer, find out if your state has passed legislation and what you can do if your state fails to make the grade.

What You Can Do:

We all have the ability to prevent colon cancer from taking lives by simply getting involved and demanding action from our political, corporate, healthcare and insurance leaders:

- Reach out to legislator(s). Log on to www.nccra.org to find contact information for your local decision makers. Send an email or make a quick call if you don’t like your state’s grade.
- Talk to your employer. Ask if their health plan covers colorectal cancer screening, and if not, encourage them to consider it.
- Contact your insurance provider. Understand what screenings your policy covers and what it does not.
- Check in with your friends and family. Share this report (at www.nccra.org) with them and encourage them to talk to their doctors about getting screened.

Grading Criteria - States with above average grades (A-B) generally cover all policyholders age 50 and over, and those under 50 at high risk. Coverage includes:

- Colonoscopy screenings every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy or double contrast barium enema screenings every 5 years
- Fecal occult blood tests (FOBT) or fecal immunochemical test (FIT) every year
- FOBT or FIT annually plus a flexible sigmoidoscopy every 5 years
- Stool DNA test (sDNA), interval uncertain

States receiving an A reference accepted screening guidelines*, allowing the legislation to include coverage of future advances in screening methods.

States receiving a B meet current screening guidelines*, but no guidelines are specifically referenced. Therefore the legislation may potentially fall short of providing coverage for future advances in screening methods.

States receiving a C have passed legislation that covers cancer screenings, but the legislation is vague and does not specifically mention which types of colorectal cancer screenings are covered.

States receiving a D have passed legislation that recommends insurance providers offer coverage, but does not require coverage.

States receiving an F do not currently have any legislation that requires insurance providers to cover colorectal cancer screenings.**

* Screening guidelines of the American Cancer Society, American Gastroenterological Association, American College of Gastroenterology and American Society for Gastrointestinal Endoscopy

** The report card grades legislation only. Some states with F grades are working with insurance providers to implement voluntary programs that will ensure widespread coverage for colorectal cancer screening.