



TALKING POINTS RELATED TO COLORECTAL CANCER ISSUES

Colorectal cancer is the third-leading cause of U.S. cancer deaths in both men and women. It is the third most commonly diagnosed cancer in the United States.

Nearly 137,000 people in the United States are diagnosed with colorectal cancer each year and over 50,000 die.

Colorectal cancer can be prevented nine out of 10 times through early detection with proper screening. Screening helps prevent colorectal cancer by finding precancerous polyps so they can be removed before they turn into cancer. Colonoscopy is the only screening method that allows for the detection and removal of polyps.

Only about 50 percent of those who should be getting colonoscopies are doing so. And, more than 60 percent of Americans aged 50 or older — approximately 42 million people — have not utilized any screening method for colorectal cancer.

As of November 2010, there is no federal law requiring all insurers to cover the cost of preventative CRC screenings. However, the recent enactment of the Affordable Care Act requires coverage of CRC screenings for certain populations depending on an individual's insurance plan. So far only 30 states have passed laws requiring coverage for screening of CRC—a cancer causing 50,000 deaths per year. In contrast, 50 states have passed legislation requiring coverage of screening for breast cancer—a cancer causing 40,000 deaths per year. Additional efforts to improve colorectal cancer screening are needed. Medicare covers colonoscopy once every ten years for those 65 and over at average risk.

In February 2013, the federal government issued an important clarification on preventive screening benefits under the Affordable Care Act. Patients with private insurance will no longer be liable for cost sharing when a pre-cancerous colon polyp is removed during screening colonoscopy. This ensures colorectal cancer screening is available to privately insured patients at no additional cost, as intended by the new healthcare law. Patients with Medicare coverage must still pay a coinsurance when a polyp is removed as a result of the screening colonoscopy. Click here for the [guidance language](#) provided by the administration. Patients with private insurance should check with their individual providers to learn the details of their coverage and ask about the Affordable Care Act.

Beginning at age 50, both men and women at average risk for developing colorectal cancer should have a screening colonoscopy, and then repeat the procedure every 10 years. The risk of developing colorectal cancer increases with advancing age, with more than 90 percent of cases occurring in persons aged 50 or older.

Men and women should begin screening earlier and/or more often if they have any of the following colorectal cancer risk factors:

- A strong family history of colorectal cancer or polyps
- A known family history of hereditary colorectal cancer syndromes
- A personal history of colorectal cancer
- A personal history of chronic inflammatory bowel disease