LEGISLATIVE RESEARCH REPORT

JANUARY 10, 2010

REPORT NUMBER 11.100

COLORECTAL SCREENING GUIDELINES

PREPARED FOR REPRESENTATIVE LES GARA

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You asked whether established guidelines exist regarding colorectal cancer screening. Additionally, you wanted to know which states mandate that insurance companies provide coverage for colorectal cancer screening.

In short, American Cancer Society guidelines for colorectal cancer screening procedures are adhered to in many states, including Alaska. Also, at least 29 states (including Alaska) require that insurance companies provide coverage for colorectal cancer screening. Below we provide more detail regarding colorectal cancer screening.[1]

According to the American Cancer Society, colorectal cancer (CRC)—or cancer of the colon or rectum—is the third leading cause of cancer-related deaths in the United States for both men and women. In 2010, the ACS estimates that there will be in excess of 140,000 new CRC cases in the United States and over 51,000 individuals will die from these cancers.

American Cancer Society Screening Guidelines

Alaska and a number of other states base their statutory guidelines for colorectal cancer screening on those specified by the American Cancer Society (ACS). The ACS recommends that beginning at age 50 both women and men at *average risk* for developing colorectal cancer should have one of the following screening tests, which are designed to detect both polyps and cancer. (A colon polyp is a small clump of cells that forms on the lining of the colon. Although most colon polyps are harmless, some may become cancerous over time.)

- Colonoscopy (every 10 years);

[1] We found information on colorectal cancer from a number of sources including the American Cancer Society (*http://www.cancer.org/Cancer/ColonandRectumCancer/index*), the Mayo Clinic (*http://www.mayoclinic.com/health/colon-cancer/DS00035*), and the Centers for Disease Control (*http://www.cdc.gov/cancer/colorectal/).*

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- Flexible sigmoidoscopy (every 5 years);
- Double-contrast barium enema (every 5 years); or
- CT colonography (virtual colonoscopy) (every 5 years).

If an individual does not want to have one of these procedures, the ACS recommends the following tests—which generally only detect cancer (not polyps).

- Fecal occult blood test (every year);
- Fecal immunochemical test (every year); or
- Stool DNA test, (interval uncertain, according to the ACS).

A colonoscopy is recommended after any of these CRC tests if the results are positive.

You will note that the American Cancer Society recommendations include not only tests that find polyps *and* cancer—the agency's preferred tests—but also tests that usually just identify cancer. The ACS explains this by noting that colonoscopies and sigmoidoscopies are invasive procedures and that some patients are uncomfortable undergoing these tests.[2]

For women and men at a *higher than average* risk of colorectal cancer, the ACS recommends that CRC screening begin *prior* to age 50 and/or that these individuals get screened with a higher frequency. The following are among the conditions that place an individual at higher-than-average risk for CRC:

- A personal history of colorectal cancer or adenomatous polyps;
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease);
- A strong family history of colorectal cancer or polyps; or
- A known family history of a hereditary colorectal cancer.[3]

Benefit of Early Screening for Colorectal Cancer

Early screening for colorectal cancer can be extremely effective as some procedures can identify non-cancerous colorectal polyps, which can be removed before they become cancerous. If CRC does occur, early detection and treatment significantly increase the chances of survival, according to the American Cancer Society. The five-year survival rate for colorectal cancer—when diagnosed at an early stage—is about 90 percent; unfortunately, only about four out of ten colorectal cancers are found at an early stage. Once the cancer has spread to nearby organs or lymph nodes, the five-year survival rates drops and if the cancer spreads to distant organs (like the liver or lungs) the rate is about 11 percent.

[2] A sigmoidoscopy is an exam used to evaluate the lower part of the large intestine (colon). The procedure doesn't allow the doctor to see the entire colon; as a result, cancers or polyps farther into the colon cannot be detected with sigmoidoscopy.

[3] More information on American Cancer Society's recommendations for screening colorectal cancer can be viewed at *http://www.cancer.org/Cancer/ColonandRectumCancer/MoreInformation/ColonandRectumCancerEarlyDetection/colorectal-cancer-early-detection-a-c-s-recommendations.*

According to the American Cancer Society, colorectal cancer screening not only saves lives but is also cost effective; for example, it is far less expensive to remove a polyp during screening than to treat advanced colorectal cancer.

State Policies on Colorectal Cancer Screening

At least 29 states and the District of Columbia mandate that insurance companies provide coverage for CRC screenings. As mentioned earlier, many state laws—including Alaska's—refer to American Cancer Society guidelines regarding CRC screening. Alaska Statute 21.42.377, which we include as Attachment A, mandates that health care insurers provide coverage for colorectal cancer screening examinations and tests. The statute also includes the following:

> (b) The minimum coverage required under (a) of this section for colorectal cancer screening includes coverage for colorectal cancer examinations and laboratory tests **specified in American Cancer Society guidelines** for colorectal cancer screening of asymptomatic individuals. Coverage shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the American Cancer Society guidelines for colorectal cancer. [emphasis added]

The National Conference of State Legislatures produced a report (updated in September 2010) that highlights state laws regarding colorectal cancer screenings. We include this document as Attachment B.[4]

We hope you find this information to be useful. Please let us know if you have questions or need additional information.

[4] The NCSL document mistakenly presents the Alaska statute regarding coverage for prostate and cervical cancer instead of colorectal cancer. We checked a number of the other citations in the report and did not uncover other such errors.

Attachment A

Alaska Statute 21.42.377

West's Alaska Statutes Annotated Currentness
Title 21. Insurance
Chapter 42. The Insurance Contract
Article 2. Specific Coverage Provisions (Refs & Annos)

§ 21.42.377. Coverage for colorectal cancer screening

(a) Except for a fraternal benefit society, a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan shall provide coverage for the costs of colorectal cancer screening examinations and laboratory tests under the schedule described in (b) of this section. The coverage required by this section is subject to standard policy provisions applicable to other benefits, including deductible or copayment provisions.

(b) The minimum coverage required under (a) of this section for colorectal cancer screening includes coverage for colorectal cancer examinations and laboratory tests specified in American Cancer Society guidelines for colorectal cancer screening of asymptomatic individuals. Coverage shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the American Cancer Society guidelines for colorectal cancer.

(c) Coverage provided under this section applies to a covered individual who is

(1) at least 50 years of age; or

(2) less than 50 years of age and at high risk for colorectal cancer.

(d) All screening options identified in (b) of this section shall be covered by the insurer, with the choice of option determined by the covered individual in consultation with a health care provider.

(e) For individuals considered at average risk for colorectal cancer, coverage or benefits shall be provided for the choice of screening, so long as it is conducted in accordance with the specified frequency. For individuals considered at high risk for colorectal cancer, screening shall be provided at a frequency determined necessary by a health care provider.

(f) An employer that provides a health care insurance plan under this section shall notify each covered individual of the coverage for colorectal cancer screenings unless coverage for colorectal cancer screening previously exists. The notice shall be included in the health benefit handbook or be provided by written or electronic communication between an employer or health plan administrator and a covered individual. However, if the covered individual purchases the health care insurance plan from the insurer issuing the policy, the insurer is responsible for notifying the covered individual of the coverage for colorectal cancer screening under this section.

(g) In this section, “individual considered at high risk for colorectal cancer” means an individual who faces a high risk for colorectal cancer because of

(1) family history;

(2) prior experience of cancer or precursor neoplastic polyps;

(3) a history of a chronic digestive disease condition, including inflammatory bowel disease, Crohn's Disease, or ulcerative colitis;

(4) the presence of any appropriate recognized gene markers for colorectal cancer; or

(5) other predisposing factors.

CREDIT(S)

SLA 2006, ch. 97, § 2, eff. Jan. 1, 2007.

HISTORICAL AND STATUTORY NOTES

SLA 2006, ch. 97, § 1 provides:

“Short Title. This Act may be known as the Colorectal Cancer Screening Coverage Act of 2006.”

AS § 21.42.377, AK ST § 21.42.377

Current through the 2010 Second Regular Session of the 26th Legislature

END OF DOCUMENT

Attachment B

Colorectal Cancer Screening: What States are Doing, National Conference of State Legislatures, Updated September 2011

Colorectal Cancer Screening: What are State Doing?

Updated: September 2010

BACKGROUND
Colorectal cancer, or cancer of the colon or rectum, is the third leading cause of cancer-related deaths in the United States for both men and women. The American Cancer Society estimates 108,070 new colon cancer and 40,740 new rectal cancer cases will be diagnosed and 49,960 deaths will occur in 2008. This accounts for about 9 percent of all cancer deaths.

For more detailed information about colorectal cancer prevention, screening and treatment, please see the American Cancer Society's resources here.

RISK FACTORS
The risk for developing colorectal cancer increases with advancing age, and over 90 percent of colorectal cancers are diagnosed in people aged 50 and older. Other risk factors include inflammatory bowel disease, a personal or family history of colorectal cancer or colorectal polyps, and certain hereditary syndromes. Lack of regular physical activity also contributes to a person's risk for colon cancer, as well as low fruit and vegetable intake, a low-fiber and high-fat diet, obesity, alcohol consumption, and tobacco use.

SIGNS & SYMPTOMS
Early stage colon or rectal cancers have very few symptoms, which makes screenings more important in catching the cancer early. Advanced stage symptoms may include rectal bleeding, blood in the stool, a change in bowel habits and cramping pain in the lower abdomen. The most common way of finding colon and rectal cancers is through regular screenings.

SCREENING
Colorectal cancer screening tests can find polyps, or abnormal growths, **before** they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best and the chance for a full recovery is very high. The American Cancer Society and Multi GI Task Force published updated screening guidelines in early 2008. Those guidelines can be found here: http://caonline.amcancersoc.org/cgi/content/full/58/3/130#SEC2

For a 50 state map and listing of colorectal cancer screening statistics, click here: http://www.statehealthfacts.org/comparemaptable.jsp?ind=666&cat=2

Several scientific organizations recommend regular screening for all adults aged 50 years or older. Recommended screening procedures and intervals are as follows:

- Fecal Occult Blood Test (FOBT or FIT) every year.
- Stool DNA Testing (sDNA) , Interval uncertain
- Flexible sigmoidoscopy every 5 years.
- Double-contrast barium enema every 5 years.
- Total colon examination by colonoscopy every 10 years.
- Computed tomographic colonography (virtual colonoscopy) every 5 years.

Persons at higher risk should begin screening at a younger age and may need to be tested more frequently.

According to the Centers for Disease Control and Prevention (CDC), screening for colorectal cancer lags far behind screening for other cancers. In 2000, only 45% of men and 41% of women aged 50 years or older had undergone screening. Use of screening for colorectal cancer was particularly low among those respondents who lacked health insurance, those with no usual source of health care, and those who reported no doctor's visits within the preceding year. If caught in its early stages, people treated for colon cancer have a 5-year relative survival rate of 90%. As many as 60 percent of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly. The map below summarizes recent screening rates.

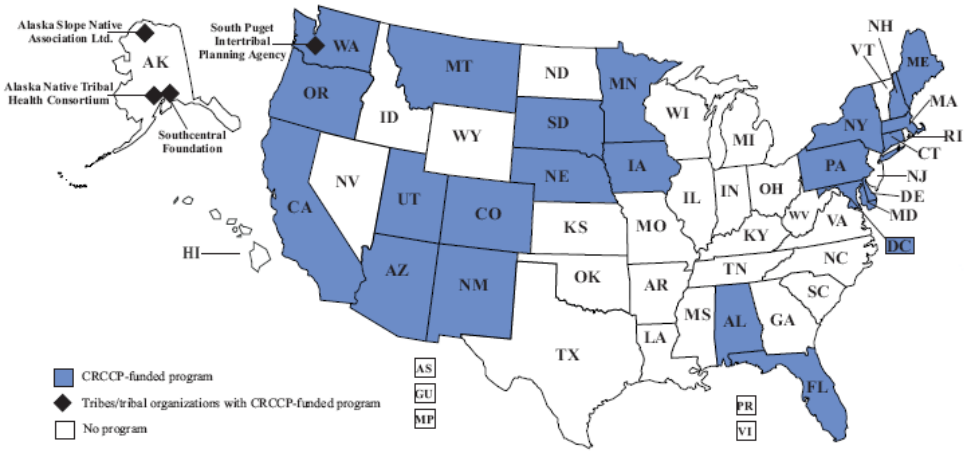
If you live in one of the following locations, you may be eligible for free or low-cost colorectal cancer screening through the CDC-funded screening demonstration program. To learn more:

- Suffolk County, New York: Call (631) 444-7644
- Baltimore, Maryland: Call (410) 887-3456 or 1 (866) 632-6566
- King, Clallam, and Jefferson counties, Washington: Call 1 (800) 756-5437

Nebraska: Call 1 (800) 532-2227
St. Louis, Missouri: Call (314) 879-6392

If you live elsewhere in the U.S., please call 1 (800) 4-CANCER or 1 (800) ACS-2345 to learn more about screening options in your community. You may also be able to find information about free or low-cost screening by calling your local department of health.

Colorectal Cancer Control Programs, 2010



Although colorectal cancer—cancer of the colon or rectum—is the second leading cancer cause of death, it doesn't have to be. Screening programs and prevention efforts by state colorectal cancer control programs have reduced mortality rates in recent years. Twenty-two states and four tribal organizations started these programs with funding from the Centers for Disease Control and Prevention (CDC) in 2009.

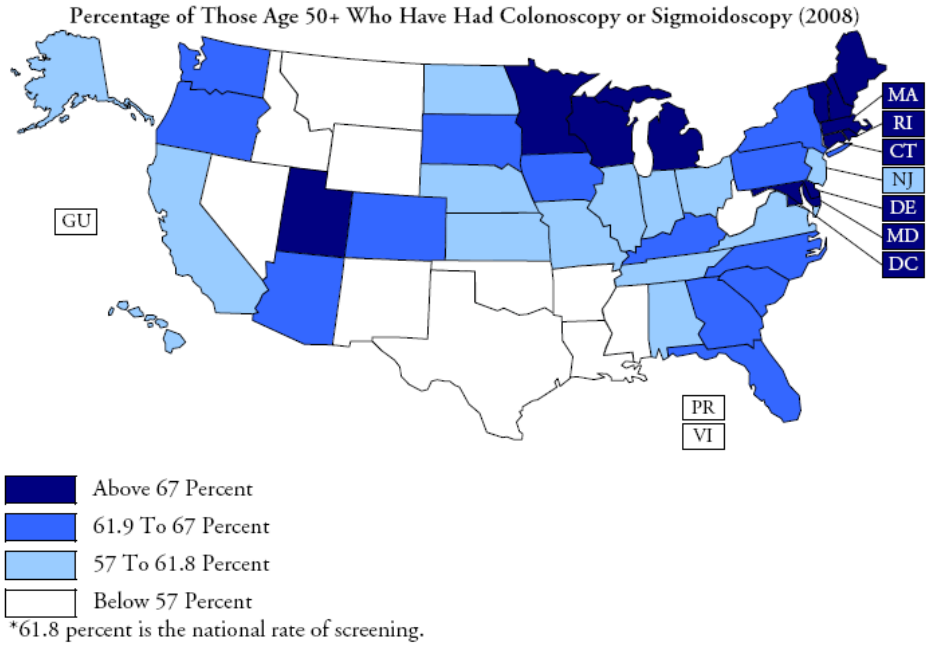
These cancer control programs have funding to provide colorectal cancer screening and followup care to low-income men and women ages 50 to 64 who are underinsured or uninsured for screening, when no other payment option is available. Screening can find precancerous polyps (abnormal growths in the colon or rectum) so that they can be removed before cancer develops. Screening also helps identify colorectal cancer at an early stage, when treatment often leads to a cure. If everyone age 50 or older had regular, recommended screening tests and all precancerous polyps were removed, as many as 60 percent of deaths from colorectal cancer could be prevented.

While screening procedures—considered a secondary prevention method—can effectively reduce mortality by identifying undiagnosed cases, primary prevention efforts are often more cost effective. These prevention efforts reach more people than state screening programs.

Some examples of primary prevention policies used in state colorectal programs include community-wide efforts to reduce behaviors associated with increased cancer risk, such as:

- Reducing tobacco use.
- Reducing alcohol abuse.
- Encouraging healthier food choices and opportunities for exercise.

Sources: Centers for Disease Control and Prevention, state websites, and National Conference of State Legislatures. Thomas R. Frieden, et al., "A Public Health Approach to Winning the War Against Cancer," The Oncologist 13 (2008): 1306-1313.



Source: CDC, 2008 Behavioral Risk Factor Surveillance System

STATE POLICY

Supporters of mandated insurance coverage of colorectal screening tests argue that these policies are cost beneficial, because they encourage the identification of precancerous polyps or cancer at its earliest stages. Treatment costs for more advanced colorectal cancer are expensive and confer higher risks to the patient. Opponents of mandated insurance benefits believe that requiring companies to cover these policies increases overall costs, and results in less people able to afford insurance premiums. Colorectal cancer tests are said to increase the cost of premiums by four to eight dollars. Currently, at least **29 states and the District of Columbia** require coverage of colorectal cancer screening tests. A few other states require that they be offered or available through Medicare Supplemental policies.

The following table provides detailed information on state colorectal cancer screening laws. Grayed or italicized states offer, rather than require, colorectal cancer screening coverage as an insurance or Medicare policy benefit.

Many state laws refer to American Cancer Society (ACS) guidelines which were developed for average risk women and men ages 50 and older. ACS guidelines also allow for five different screening options: yearly fecal occult blood test (FOBT), flexible sigmoidoscopy every 5 years, yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years, double contrast barium enema every 5 years, and colonoscopy every 10 years. And finally, ACS defines high-risk individual as having:

(a) A family history of: familial adenomatous polyposis; hereditary non-polyposis colon cancer; or breast, ovarian, endometrial or colon cancer or polyps;
(b) Chronic inflammatory bowel disease; or
(c) A background, ethnicity or lifestyle that the physician believes puts the person at elevated risk for colorectal cancer.

Colorectal Cancer Screening Laws By State 2010			
State Year of Enactment Bill Number / Citation	**Coverage Requirements**		
	Policies covered:	**Consumers covered:**	**Benefits and Services covered:**
Alabama (2004) AL S 403	Mandated offering for group health benefit plans	Persons who are 50 years of age or older or high risk.	Examinations and tests in accordance with ACS guidelines.
Alaska (2006) 21.42.395	All individual & group plans	Persons who are 35-40 in high risk group, African American or anyone over 40.	Examinations and tests age for those 35-40 in high risk group or person 40 or older.

Arkansas (2005) HB 2781, Act 2236	Individual and group HMOs, Medicaid, State Employees' and Public School Teachers' Health Insurance Program.	Persons: (1) who are 50 years of age or older; (2) who are less than 50 years of age and at high risk for colorectal cancer according to the ACS guidelines; and (3) experiencing specified symptoms of colorectal cancer.	Examinations and tests in accordace with ACS guidelinges. The covered person will determine the choice of screening strategies in consultation with a health care provider.
California (1992) CAL. INS. CODE §§ 10194 and 10194.2 (1999)	Medicare supplement policies only	All Medicare supplemental policies.	Provide preventive medical care coverage of up to $120 per year for services not covered by Medicare, including: (1) a mammogram; and (2) a fecal occult blood test. Tests may be done at a frequency considered medically appropriate.
Connecticut (2001) Public Act No. 01-171	All individual & group plans	Individuals defined by ACS as average and high risk.	Annual fecal occult blood test. Colonoscopy, flexible sigmoidoscopy and radiologic imaging according to American College of Gastroenterology guidelines.
Delaware (2000) Title 18Chap. 35 Sub. Chap III§ 3562	All individual and group plans, HMO's, health service corporations	Individuals defined by ACS as average and high risk; screening performed at frequency determined by physician.	Annual fecal occult blood test, colonoscopy every 10 years, flexible sigmoidoscopy every 5 years, and double contrast barium enema every 5 to 10 years.
District of Columbia (2002) 31-2931	All individual and group plans, including Medicaid	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Georgia (2002) 33-24-56.3	All health insurance plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Hawaii (2009) SB 2599 Act No. 157	All health insurance plans	Individuals age 50-75	In accordance with the evidence-based recommendations established by the United States Preventive Services Task Force.
Illinois (1999, amended 2003) SB 1417	All individual and group plans	Individuals defined by ACS as average risk.	All cancer screenings and laboratory tests in accordance with the published ACS guidelines or other existing guidelines from government agencies, including the NCI, the CDC, and the American College of Gastroenterology.
Indiana (2000) HB 1293	Mandated offering for individual policies; mandated benefit for group self insurance program and HMOs for state employees, and employer-based plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Kentucky (2010) KRS § 304.17A-257	All benefit plans	Individuals over age 50 and those under 50 deemed high risk by the ACS.	All colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for colorectal cancer screening.
Louisiana (2005) HB 36 Act 505	All insurers or HMOs issuing or renewing on or after Jan. 1, 2006	Individuals defined by American College of Gastroenterology and ACS as average risk.	Routine screening includes a fecal occult blood test, flexible sigmoidoscopy, or colonoscopy provided in accordance with ACS.
Maine (2009) 24-A M.R.S. § 2763	Group and individual insurers	Individuals 50 years of age or older; or Less than 50 years of age and at high risk for colorectal cancer according to the most recently	Examination and laboratory test recommended by a health care provider in accordance with the most recently published colorectal cancer

		published colorectal cancer screening guidelines of a national cancer society	screening guidelines of a national cancer society.
Maryland (2001) HB 190/SB 100	Insurers, HMOs and nonprofit health services plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Minnesota (1998) 62A.30	All policies and plans	Individuals defined by the standard practice of medicine.	In accordance to standard practices of medicine.
Missouri (1999) 376.1250	All individual and group plans	Individuals defined by ACS as average risk.	In accordance with ACS screening options.
Nebraska (2007) 44-7,102	All individual and group plans	Individuals over 50 years old.	Such screening coverage shall include a maximum of one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available.
Nevada (2003) SB 183 NRS 695G.168	All individual and group plans	Individuals defined by ACS as average risk.	In accordance with ACS screening options.
New Jersey (2001) 17B:26-2.1u	HMOs and all individual and group plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
New Mexico (2007)	All individual and group plans	For anyone determined by health care provider.	In accordance with the evidence-based recommendations established by the United States preventive services task force.
North Carolina (1991, 1995, 2001) §58-3-179	Teachers and State Employee Major Medical Plan and all health insurance plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Oklahoma (2001) §36-6060.8a (mandated offering 2006)	Individual and group policies (mandated offering)	Individuals defined by ACS as average and high risk.	Plans required to offer coverage for colorectal examinations and laboratory tests in accordance with accepted published medical practice guidelines.
Oregon (2005) SB 501	HMOs and all individual and group plans, that cover medical, surgical and hospital costs, after Jan. 1, 2006	Individuals age 50 and over and high risk as recommended by a physician.	In accordance with ACS screening options.
Pennsylvania (2010) 40 P.S. § 764i	All health insurance policies group health, sickness or accident policy or subscriber contract or certificate offered to groups of fifty-one (51) or more employees.	Nonsymptomatic covered individuals who are fifty (50) years of age or older.	A colonoscopy or any combination of colorectal cancer screening tests in accordance with the American Cancer Society guidelines on screening for colorectal cancer published as of January 1, 2008.
Rhode Island (2000) §27-18-58	All individual and group plans	Nonsymptomatic individuals.	In accordance with ACS screening options.
Tennessee (2003) §57-7-2363	All individual and group plans(mandated offering)	Individuals defined by ACS as average risk.	In accordance with ACS screening options.

Texas (2001) §1363.001	All health insurance plans	Persons 50 years or older.	Annual fecal occult blood test and a flexible sigmoidoscopy every five years or a colonoscopy every 10 years.
Vermont (2009) Act No. 34	All health insurance plans	Persons 50 years or older or otherwise determined as high risk.	Annual fecal occult blood testing with a flexible sigmoidoscopy every five years or a colonoscopy every 10 years.
Virginia (2000) §38.2-3418.7:1	State employees health insurance program, and individual and group plans	Individuals defined by ACS as average and high risk.	In accordance with ACS screening options.
Washington (2007) 48.43 RCW	All health insurance plans	Individuals at high risk under 50 years old or anyone over 50 years old.	Examinations and laboratory tests consistent with the guidelines or recommendations of the United States preventive services task force or the federal centers for disease control and prevention (CDC).
West Virginia (2000) §33-25A-8e	All health insurance plans	Persons age 50 and over; Symptomatic persons less than 50 years of age when reimbursement or indemnity for laboratory or X-ray services are covered under the policy.	Annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years and a double contrast barium enema every 5 years.
Wisconsin (2010) SB 163	All health insurance plans	As determined by the commissioner, in consultation with the secretary of health services and after considering nationally validated guidelines, including guidelines issued by the American Cancer Society for colorectal cancer screening, shall promulgate rules that do all of the following: 1. Specify guidelines for the colorectal cancer screening that must be covered under this subsection. 2. Specify the factors for determining whether an individual is at high risk for colorectal cancer and as medically appropriate.	In accordance with ACS screening options.
Wyoming (2001) HB 0026	HMOs and all group plans	Nonsymptomatic individuals	Colorectal cancer examination and laboratory tests.

Sources: Centers for Disease Control and Prevention, National Cancer Institute. Updated March, 2006. American Cancer Society, 2009.

Contact NCSL for more information.

This site is made possible by support from the Centers for Disease Control and Prevention and the American Cancer Society Cancer Action Network.

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