May 11, 2020

Ms. Shelley Rouillard, Director
California Department of Managed Health Care
980 9th Street, Suite 500
Sacramento, CA 95814-2725

Re: Colorectal Cancer Screening Continuum Coverage during the COVID-19 Pandemic

Dear Director Rouillard:

Despite the disruptions caused by the COVID-19 pandemic, the American Cancer Society Cancer Action Network (ACS CAN), the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society (ACS), continues to work on behalf of cancer patients, survivors and their families. Cancer hasn't stopped and neither have we. In fact, we believe it is more important than ever to work to ensure that cancer patients – and others with serious chronic conditions – have access to the treatments they need.

Currently, and prudently, many cancer screenings, such as colonoscopies, have been postponed. We adamantly agree that this is the best course of action to ensure that patients and healthcare providers are not unnecessarily exposed to COVID-19, and that hospitals are able to divert staff to meet the increase in patients due to the pandemic. However, as we look to the future, we are concerned about the screening backlog created by the shutdown and the additional stress that could be put on an already strained healthcare system. We believe there is a way to mitigate this backlog by encouraging the use of non-invasive colorectal cancer screening tests, when appropriate, for average-risk individuals. This will ensure that appropriate screenings are performed and that those patients at higher risk for colorectal cancer are made a priority for colonoscopy when it is deemed safe for providers to continue normal screening practices.

While both ACS CAN and ACS believe the best screening test is the one that actually gets done, *high-sensitivity* guaiac-based fecal occult blood test (hs-gFOBT), fecal immunochemical tests (FIT), and multi-target stool DNA test (i.e., Cologuard) are effective, non-invasive, easily accessible home-based preventive screening tests that are convenient to use and also less expensive than a colonoscopy. We believe that encouraging greater use of these non-invasive stool-based tests during the pandemic could result in higher screening rates when other screening methods are not readily available.

In most settings, only about 1 in 10 people will have an abnormal finding on stool testing (i.e. a "positive" test). The 9 of 10 individuals who have normal results can be safely removed from the

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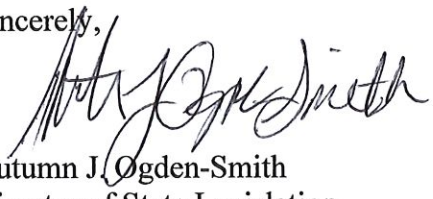
screening queue for the next 12 months (for those tested with gFOBT or FIT) or up to 36 months (Cologuard). Studies have clearly demonstrated that individuals with a positive stool test result are at significant risk of harboring cancer or pre-cancerous polyps. All positive results on non-colonoscopy screening tests should therefore be followed up with timely colonoscopy as part of the colorectal cancer screening process. The follow-up colonoscopy should not be considered a "diagnostic" colonoscopy, but rather an integral part of the screening process, which is not complete until the colonoscopy is performed, and therefore should be covered with no cost-sharing for individuals. However, due to a lack of guidance on the federal level, many follow-up colonoscopies are classified as "diagnostic" by physicians and private insurance, leading to unexpected and expensive costs to the patients.

In this time of uncertainty, we urge you to make the changes necessary to ensure that private insurance plans in California suspend cost-sharing for follow-up colonoscopies so that our residents can utilize non-invasive testing methods without fear of an unexpected cost should a follow-up colonoscopy be necessary. Colorectal cancer screening has drastically decreased the incidence and mortality rate of colorectal cancer over the past three decades. The ability to detect cancer early and to prevent it altogether through the removal of precancerous polyps is critical to furthering that decline in incidence and mortality.

Due to this pandemic we have already seen dramatic decreases in screening rates; a study conducted by the Epic Health Research Network, found that colorectal cancer screenings have dropped by 86% in March alone, compared to the 2017-2019 averages. We are fearful that, as medical care gradually becomes more available, we will also see an increase in preventable colorectal cancer deaths and later stage diagnoses due to the postponement of screening and the inevitable delays that will occur once screenings can begin again. The use of non-invasive colorectal screening tests can ensure that screening rates are maintained and will also allow doctors to triage those patients who are at high risk or who require a follow-up colonoscopy due to a positive result of the non-invasive tests.

ACS CAN looks forward to working with you in any way we can be helpful during this unprecedented time of crisis. If you have any questions regarding this issue or others, please do not hesitate to contact me at autumn.ogden@cancer.org.

Sincerely,



Autumn J. Ogden-Smith
Director of State Legislation

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