

February 17, 2014
Written Testimony to Senate Health Care and Human Services Committee

Chair Monnes-Anderson, Vice-Chair Kruse and members of the Committee. My name is Kathleen Cochrun. I'm a citizen, constituent of Representative Williamson. This is testimony in favor of HB 4085.

1,540: this is the **estimated number of new colon cancer cases in Oregon this year.** HB 4085 can reduce this number.

As the second cause of cancer deaths, colon cancer is formidable. But, unlike other cancers, there is an effective screening tool in colonoscopies that can make colon cancer nearly preventable. So, why aren't more Oregonians over the age of 50 having this procedure?

The most significant barrier is cost - for those without insurance coverage - and, confusion over coverage for those with coverage.

70% of respondents to a 2012 survey stated they would be deterred from having a colonoscopy due to coverage confusion.

Some Oregonians are being billed for screening colonoscopies - when a polyp is detected - when the procedure should be covered at no cost to them under their health plan, and according to federal law. The bill could be just for the polyp detection/removal/pathology, or it could be for the entire procedure averaging \$2,000 in the Portland-area -- more if an anesthesiologist administers the sedation and depending on the type of facility.

When I prepared to schedule my first colonoscopy, I contacted five Portland-area providers to find out how they would code my screening colonoscopy if a polyp were detected. All five said they would code it as diagnostic—meaning, they would impose cost-sharing. Then I contacted my insurance company to ask the same question. I had difficulty obtaining a straight answer from four customer service representatives. The most they would say is it depended on how the provider coded the procedure. Even when I provided them the coding, they would not commit to how the claim would be processed.

The intent of federal law for preventative procedures such as colonoscopies is to remove barriers resulting in saved lives. But confusion over coverage is causing Oregonians to elect against such life-saving procedures.

HB 4085 is intended to clear up such confusion—to align Oregon's law with federal law that states:

"...cost sharing can't be imposed for screening colonoscopies even when a polyp is detected."

I commend the American Cancer Society for introducing HB 4085, and for the sponsors and co-sponsors and other supporters. This is an opportunity for Oregon to serve as a national leader on this important health care issue.

1,540 new cases of colon cancer estimated in Oregon this year. We have the power to change this number. Wouldn't it be wonderful if Oregon led the nation in reducing the number of colon cancer cases? This is one cancer we can truly make progress on.

I urge you to support HB 4085.

Thank you for the opportunity to provide my testimony. And, thank you for all you do for Oregonians.