

American Cancer Society Cancer Action Network
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February 2, 2014

The House Committee on Health Care
c/o The Honorable Mitch Greenlick, Chair
State Capitol Building
900 Court Street N.E.
Salem, Oregon 97301

RE: HB 2560 – Related to Colorectal Cancer Screening

Dear Mr. Chairman and Committee Members:

On behalf of the American Cancer Society Cancer Action Network (ACS CAN), I would like to thank you for the opportunity to comment on HB 2560. The American Cancer Society Cancer Action Network (ACS CAN) is the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society. We support evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem.

In 2015, it is estimated that more than 1,510 Oregon residents will be diagnosed with colorectal cancer and more 670 will die from the disease. Colorectal cancer is one of the most preventable forms of cancer, and thousands of deaths could be avoided with routine colorectal cancer screening.

The state of Oregon requires private insurance plans are required to cover colorectal cancer screening for adults aged 50 to 75 years, with no cost sharing to the patient. Included in this coverage is fecal occult blood testing (FOBT), sigmoidoscopy, or colonoscopy including the removal of polyps.

HB 2560 will address a critical barrier to colorectal cancer screening for those individuals who receive fecal occult blood tests (including fecal immunochemical tests (FIT)). A positive fecal occult blood test (FOBT) or fecal immunochemical test (FIT) indicates that cancerous cells may be present in the colon. The American Cancer Society recommends that all patients with a positive FOBT/FIT receive follow-up colonoscopy to determine the presence of polyps, cancerous cells or other abnormalities.

Including language in HB 2560 that would provide follow-up colonoscopy coverage for positive FOBT or FIT will ensure that those patients receiving either test have access to timely, appropriate and affordable follow-up care, completing the colorectal cancer screening continuum.

Mr. Chairman, we appreciate your willingness to work with ACS CAN to ensure that HB 2560 is comprehensive, providing all individuals – no matter which colorectal cancer screening test they receive access to services across the colorectal cancer screening continuum.

Thank you for considering this request. Please contact me if you have any questions or would like any additional information.

Sincerely,

Troy Rayburn
Oregon Government Relations Director, ACS CAN