

Help Stop the Second Most Common Cause of Cancer Deaths and Save Medicare Billions

Support H.R. 1189

The Colorectal Cancer Prevention, Early Detection, and Treatment Act

The Colorectal Cancer Early Detection, Prevention and Treatment Act will establish a national screening and treatment program to fight colorectal cancer, one of the most easily preventable cancers.

The Facts

- Colorectal cancer is the third most commonly diagnosed cancer and the second leading cause of cancer death in both men and women in the United States.
- Every three and a half minutes, someone is diagnosed with colorectal cancer.
- Every nine minutes, someone dies from colorectal cancer.

Screening Saves Lives

- 30,000 to 44,000 lives a year could be saved if colorectal cancer screening was fully accessible and utilized.
- Screening saves lives in two ways, by preventing cancer when pre-cancerous polyps are removed, and by finding cancer in its earliest, curable stage.
- Despite scientific evidence supporting the benefits of screenings, screenings for this disease in the United States remain low – every five seconds someone who should be screened for colorectal cancer is not.

After Enactment of the Affordable Care Act, Why Do We Still Need H.R. 1189?

- ***To Increase Population-Based Screening Rates.*** While the Affordable Care Act will lower the cost of preventive services like colonoscopies for many Americans, the law will not do anything to increase awareness about the importance of early detection and screening. Today, even among those with health insurance, screening rates for colorectal cancer are much too low – less than half of those who should be screened get screened. When the national breast and cervical cancer screening program was enacted in the mid-80s, the screening rate for breast cancer was around 29%. Today, that rate is close to 80%. It is time we made the same headway in the fight against colorectal cancer and enacted a national screening and treatment program for colorectal cancer.
- ***Without H.R.1189, Barriers to Screening Will Continue.*** The Affordable Care Act doesn't provide everyone with access to colorectal cancer screening and treatment. For example, individuals who are insured through a "grandfathered plan" may not have coverage for colorectal cancer screening. In addition, anyone insured through traditional Medicaid will continue to face financial barriers to colorectal cancer screening tests and services (currently, most state Medicaid programs do not cover the full range of colorectal cancer screening tests and services – the Affordable Care Act doesn't change this). And finally, even after health reform is fully implemented in 2018, we will have an uninsured and underinsured population who will continue to face financial barriers to screening and treatment.

Questions?

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