



Study Shows Low-Income Uninsured in Need of Colorectal Cancer Screening Services

A study released by the American Cancer Society Cancer Action Network (ACS CAN) and the National Colorectal Cancer Roundtable (NCCRT) estimates that in 2017 over 2.7 million low-income men and women aged 50-64 will remain uninsured and continue to lack access to an affordable health care coverage option, including colorectal cancer screening services. The report, *Health Reform and the Implications for Cancer Screening*,¹ provides national and state-specific estimates of the number of uninsured men and women in 2017 based on three scenarios: Medicaid expansion decisions as of April 2015, no state Medicaid expansions, and if all states expand Medicaid.

Colorectal Cancer and the Need for Screening

Colorectal cancer (cancer of the colon and rectum) is the third most common cancer in men and women and the second leading cause of cancer death in the United States among men and women combined.¹ An estimated 134,490 men and women will be diagnosed with colorectal cancer in 2016, and 49,190 individuals are estimated to die from the disease.²

Colorectal cancer is preventable. It begins as a non-cancerous formation, known as a polyp. If the polyp is detected during the screening process, the entire polyp is removed before it can become cancer. Screening is also critical to detecting cancer at the earliest stages, when treatment is most effective. Five-year survival rates for colorectal cancer at a localized stage are 90 percent, with 5-year survival rates decreasing to 13 percent for more distant stages.³ Colorectal cancer screening is recommended for those 50 and older who are at average risk for colorectal cancer. One American Cancer Society study found that if 80 percent of adults alive today were regularly screened for colorectal cancer by 2018, roughly 200,000 fewer people would die from the disease by 2030.⁴

Despite the overwhelming benefits of screening for colorectal cancer, only 39 percent of patients are diagnosed at a localized stage, partly due to the underuse of screening.⁵ Individuals 50 to 64 years old – particularly men, Hispanics, American Indians, Alaska Natives, persons living in rural areas, and individuals with lower income and education are the groups least likely to be screened for colorectal cancer, contributing to higher death rates from the disease.⁶

Americans are up to three times more likely to receive preventive care for potentially deadly chronic diseases if they have health care coverage.⁷ Evidence shows that uninsured adults are significantly less likely to receive recommended colorectal cancer screenings than insured adults.⁸ In addition to insurance coverage, often cited barriers to colorectal cancer screening uptake are affordability, lack of a family history or symptoms, feelings of embarrassment or fear, competing health priorities, no recommendation from a health professional, and logistics (e.g. transportation issues, unable to take time off work or arrange for care of a family member, etc.). Implementing policy proposals that address these barriers could help to improve screening rates.

Key Report Findings

The report estimates that over 2.7 million or 13.4 percent of low-income (at or below 250 percent of federal poverty level (FPL), earning less than \$29,700)⁹ men and women aged 50-64 will remain uninsured in 2017. Notably, the uninsured rates are higher among men than women, particularly in states that have not expanded Medicaid, as childless adults are largely excluded from eligibility of traditional Medicaid programs.

¹ Study conducted by the George Washington University Milken Institute School of Public Health.



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The following table details the number of men and women aged 50-64, earning less than 250 percent of the FPL, who are estimated to remain uninsured in 2017, based on Medicaid expansion decisions as of April 2015:

	Medicaid Non-Expansion States (22 States)	Medicaid Expansion States (29 States)	Total
Estimated # of Uninsured Men & Women age 50-64, at or below 250 percent of the FPL	1.8 million	899,273	2.7 million
Estimated % of Uninsured Men & Women age 50-64, at or below 250 percent of the FPL	20.9%	8%	13.4%

The study also estimates that the percentage of low-income men and women aged 50-64 who are uninsured will decline from 29.4 percent in 2013 to 13.4 percent in 2017, as a result of the 28 states and the District of Columbia that expanded their Medicaid programs as of April 2015. Disparities in access to colorectal cancer screening will widen in states that do not broaden eligibility for Medicaid. If all states expanded Medicaid, the number of low-income men and women aged 50 to 64 years who are uninsured could drop to 9.2 percent in 2017.

Broadening Access to Health Care Coverage through Medicaid Could Improve Screening Rates in Low-Income Adults

The study's findings reveal that an estimated 21 percent of low-income men and women 50-64 years of age will be uninsured in 2017 and reside in a non-expansion state. States that do not expand their Medicaid programs are likely to face more challenges in increasing their state's colorectal cancer screening rates, due to a lack of access to comprehensive, affordable health care coverage. Data indicates that individuals who have access to health care coverage and insurance are screened for colorectal cancer at significantly higher rates than those who are uninsured.¹⁰

Providing uninsured, low-income men and women access to health care coverage by expanding state Medicaid programs could also address a known barrier to colorectal cancer screening – affordability. Colonoscopy is the most commonly used colorectal cancer screening test and is required as follow up to all other colorectal cancer screening tests that come back positive, but it has a significant price tag. Similarly, treatment costs can be very high, especially for advanced forms of colorectal cancer. Estimates suggest that over \$14 billion is spent on treatment for colorectal cancer each year in the United States.¹¹ Some of these costs can be avoided if precancerous polyps are detected and removed during the screening procedure, thereby preventing the cancer from developing altogether.¹² Affording low-income Americans access to health care coverage could not only increase colorectal cancer screening rates, but could also reduce a significant amount of treatment costs in Medicare, Medicaid, and private plans if an individual is screened at recommended intervals and precancerous polyps are removed.

Continued Need for the Colorectal Cancer Control Program to Improve Screening Rates in Low-Income Adults

While the ACA provides many individuals access to health care coverage through marketplace ('exchange') plans or Medicaid expansion, the report highlights that at least 2.7 million men and women between the ages of 50-64 will remain uninsured in 2017. Therefore, the need to maintain funding for the Colorectal Cancer Control Program



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(CRCCP) continues at both the state and federal levels to ensure screening coverage and screening promotion among the uninsured and underinsured.

Congress established the CRCCP in 2009 to increase screening rates among men and women 50 to 75 years of age.¹³ Administered by the Centers for Disease Control and Prevention (CDC) through a grantee program, the CRCCP helps reduce barriers to screening among men and women by providing evidence-based, system-level interventions to achieve greater colorectal cancer screening rates and providing a limited number of screening services to at-risk populations. Because of limited funding, the program currently reaches only 24 state health departments, six universities, and one American Indian tribe.¹⁴ Six out of the 31 grantees are also granted funding to provide limited screening services for at-risk populations.^{15,16}

A number of other states provide state level funding to support low-income uninsured and underinsured individuals access to colorectal cancer control services, including screening, diagnostic services and referrals to treatment services. However, many of these programs are limited in the scope of services and the level of benefits provided to eligible individuals.

While health care coverage removes a significant barrier to screening, programs like the CRCCP are important to raise awareness and educate the public - especially the newly insured - about the importance of colorectal cancer screening, while also directing them to utilize the benefits and services available through their health plans. CRCCP-based programs aim to systematically increase use of evidence based interventions that we know can increase colorectal cancer screening rates. These programs can also work with health system partners, including federally qualified health centers, to increase provider recommendations for screening and address patient- and community-level barriers to screening. This will help ensure that states have a greater opportunity to increase colorectal cancer screening rates and save lives, regardless of whether they are a Medicaid expansion state or not.

ACS CAN Position

ACS CAN urges all states to expand their Medicaid programs to cover individuals up to 138 percent FPL, as insurance coverage is one of the most important factors in determining if an individual receives preventive services. People with insurance are three times more likely to have received a colorectal cancer screening than people without coverage.¹⁷ If all states increased eligibility to their Medicaid programs, nearly 846,000 Americans aged 50 to 64 – at or below 250 percent FPL – would gain access to lifesaving colorectal cancer screenings and services. Given the shared goal of the National Colorectal Cancer Roundtable (NCCRT) to regularly screen 80% of adults for colorectal cancer by 2018, it becomes apparent that realizing this goal will be an even greater challenge in states that continue to opt out of Medicaid expansion – nearly 21 percent of low-income residents in non-expansion state will remain uninsured versus 8 percent in expansion states.

ACS CAN also strongly encourages states to appropriate funds to support existing or create new colorectal cancer screening and control programs. Additionally, we are working tirelessly to increase both federal and state funding for colorectal cancer screening and control programs.

Federal and state policymakers can further help to achieve greater access by supporting legislative and regulatory policies that require insurers to cover colorectal cancer screenings, including follow-up colonoscopies after a positive stool test without patient cost sharing and guarantee that patients do not face cost-sharing for the facility, polyp removal, anesthesia, pre-screening consultations, bowel prep, or laboratory services related to the screening colonoscopy.



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- ² American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.
- ³ American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.
- ⁴ Meester RGS, Doubeni CA, Zauber AG, Goerde SL, Levin TR, Corley DA, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer*. 2015; 121: 2281-2285. doi: 10.1002/cncr.29336.
- ⁵ American Cancer Society. Cancer Facts & Figures: 2016. Atlanta: American Cancer Society, 2016.
- ⁶ Center for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP): About the Program. Updated October 27, 2015. <http://www.cdc.gov/cancer/crccp/about.htm>. Accessed December 7, 2015.
- ⁷ Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015, <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>
- ⁸ American Cancer Society. Cancer Prevention & Early Detection Facts & Figures: 2015-16. Atlanta, GA: American Cancer Society, 2015.
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- ¹⁰ Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015, <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>
- ¹¹ Mariotto AB, Yabroff R, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *J Natl Cancer Inst*. 2011; 103:1-12.
- ¹² American Cancer Society. Colorectal Cancer Facts and Figures: 2014-2016. Atlanta: American Cancer Society, 2014.
- ¹³ Center for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP): About the Program. Updated October 27, 2015. Accessed January 20, 2016. <http://www.cdc.gov/cancer/crccp/about.htm>.
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- ¹⁶ Center for Disease Control and Prevention. Colorectal Cancer Control Program (CRCCP): About the Program. Updated October 27, 2015. Accessed January 20, 2015. <http://www.cdc.gov/cancer/crccp/about.htm>.
- ¹⁷ Fox J, Shaw, F. Morbidity and Mortality Weekly Report. July 17, 2015, <<http://www.cdc.gov/mmwr/pdf/wk/mm6427.pdf>>