Creating, Passing and Sustaining State Level CRC legislation

The Kentucky Experience.

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Financial Disclosures

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Think before you act....

- Have you ever attempted to pass CRC legislation in your state?
- Why do you want to create state based legislation? What do you want to accomplish?
- Who are your natural allies and who are your natural enemies?
- Change a law re: crc screenings
  - colonoscopy after FIT
  - close screening polyp loop hole
- Create a program
  - recurrent funding requirements, sustainability
- What is it going to take?
Kentucky-based CRC Legislation Since 2008

- **2008 -** KRS § 304.17A-247 complete coverage by health benefit plan for colorectal cancer examinations and laboratory tests per ACS recommendations

- **2008 -** KRS §§ 214.540-544 creates Kentucky Colon Cancer Screening Program and KCCSP Advisory committee

- **2012 -** KRS § 194a.050 and KRS § 214.542 funds and requires regulations and execution of state indigent CRC screening program (KCCSP) $500,00/year (Matched by private funding)

- **2014 -** KCCSP funding renewed

- **2015 -** KRS § 304.17A-257. closes polyp loophole in KY; properly defines colonoscopy to evaluate (+) noninvasive fecal testing [including sDNA, FIT] as a screening colonoscopy with no cost sharing.

- **2016 -** State funding for KCCSP SUSPENDED by newly elected Governor Beavin

- **2017-** KRS § 311.550 Lowers barriers for genetic counselors to practice independently in KY

- **2018 -** ? Mandatory Statewide CRC/endometrial testing for Lynch syndrome
Why at the State Level?

- National level change in Medi-XXXX, Government HARD

- Possible to attain change: leadership more "reachable"

- Leverage: Mcaid expansion

- Primary goal: increase evidence-based CRC screening in KY

- Secondary goals: awareness of population and government / decrease health care costs / engage state stakeholders / morbidity and mortality
How at the State level?
Research---Goal---Plan---Resources---Action

- Research - what is the need, who are the champions

- Develop a goal: Law versus program - enforcement versus sustainment

- Establish your team - both insiders and outsiders. Government Relation expert A MUST!

- Resource plan: people, finances, public relations, media, direct visits with legislative leaders/champions, letter writing campaign, phone calls from within district

- Legislative timeline and milestones: File, cosponsors, committee hearings, financial impact, house and senate votes ---> executive signature
Who can't lobby?
- but who CAN "educate"?

- Federal, State, or Local governmental employees. I.e., your DPH, Comp cancer

- Employees of federally or state funded educational institutions. Including University's....here most leadership is based

- NCCRT
Who Can Lobby?

No one is pulling for CRC

- Voters
- Advocates
- Industry
- Non governmental funded 501-C3's
- Elected officials
- Government relations experts
  AKA Lobbyists
NCCRT
CAN NOT
LOBBY
Two questions for this seminar

• 1. How can you get anything passed in this constrained divided environment?

• ........First you have to try

• 2. What can you tell policy makers about program costs?

• ........Most entities do their own cost estimates and all politicians care more about getting re-elected than budgets.
Create Synergy: Expand the Team

- Your organization
- Outsiders: Advocates via any organization or individual
  - Health care insurers/providers/facilities
  - Media
- Insiders: (aligned) state officials, DPH, programs, Comp Cancer, Universities
- Elected officials, leadership if possible
- Hired and paid government relations expert: (Lobbyist)
Additional take aways

• Do not let someone tell you that you can't

• Choose the "right fight"

• Keep a narrow scope of your goal

• Passage does not equal funding or implementation

• Post implementation evaluation important

• Sustainability plan - funding, politely support, both sides of aisle