



## New York State Public Health Association (NYSPHA)

June 10, 2022

The Honorable Kathy Hochul  
Governor of New York State  
New York State Capitol  
Albany, NY 12224

**RE: NYSPHA recommends you sign A2085-A to clarify insurance coverage for colorectal cancer screening**

Dear Governor Hochul,

The New York State Public Health Association (NYSPHA) is pleased to provide our recommendation that you immediately sign this bill that will prevent lives from unnecessarily being lost to colorectal cancer. NYSPHA is the New York affiliate of the American Public Health Association (APHA) and serves as the statewide organization for members from all disciplines across the spectrum of public health professionals, organizations, academia, and students pursuing careers in public health. Our mission is to improve the public's health through advocacy, education, networking, and professional development.

A2085-A would, in accordance with the United States Preventative Task Force (USPSTF) guidelines, ensure colorectal cancer screening coverage for those average-risk populations starting at age 45, and ensure that state regulated insurance plans, cover, with no cost-sharing, follow-up colonoscopies after a positive non-invasive stool test.

This legislation simply clarifies to insurers and patients alike what must be included in colorectal cancer screening coverage following recent federal and state guidance, including the 2010 Affordable Care Act requirement that all health plans cover certain essential benefits including colorectal cancer screening.

The legislation requires colorectal screening coverage in accordance with the American Cancer Society (ACS) guidelines, which recommends colorectal screening for those average-risk populations 45 years and older and continued regular screening until age 75, which is the same as the United States Preventative Task Force.

By tying insurer coverage of colorectal screening to the ACS guidelines, New York State will be better prepared if the guidelines change in the future. While the guidelines last changed in 2018, five years later insurers are still not required to comply with the updated guidelines. This legislation will prevent a similar deadly gap in coverage from ever happening again.

Furthermore, the legislation also requires, in accordance with USPSTF guidelines, insurance plans to cover, without cost-sharing, follow-up colonoscopies after a positive non-invasive stool test.

This is important because at-home stool-based screening tests have become more important and more common than ever, increasing access to screening. After reviewing the results of a stool-based test, a health care provider may recommend a colonoscopy when signs of cancer are present in the test results.

If a follow-up colonoscopy is deemed necessary after the positive stool-based screening test, it should be considered the next step in the preventive screening process and therefore should be covered by health insurers with no patient cost-sharing. Unfortunately, many New Yorkers are facing significant out-of-pocket costs for that follow-up colonoscopy.

The out-of-pocket costs associated with some cancer screenings and the potential costs of treatment if cancer is detected can make care unaffordable. Even small out-of-pocket costs can deter individuals with limited financial resources from seeking preventive screenings. Waiving cost-sharing for follow-up colonoscopy may help to close the gap in health disparities among price-sensitive beneficiaries and the medically underserved.

Both provisions in the legislation are also in accordance with the New York State Department of Financial Services circular issued in March 2022 stating that all insurers must immediately begin providing coverage at no cost-sharing for preventive screenings for colorectal cancer in adults beginning at the age of 45. The circular can be found at [https://www.dfs.ny.gov/industry\\_guidance/circular\\_letters/cl2022\\_04](https://www.dfs.ny.gov/industry_guidance/circular_letters/cl2022_04)

“In accordance with Insurance Law §§ 3216(i)(17)(E), 3221(1)(8)(E) and (F), and 4303(j)(3), all issuers, except for grandfathered health plans, must provide coverage at no cost-sharing for preventive screenings for colorectal cancer in adults beginning at the age of 45. In addition, the requirement to provide coverage for preventive screenings for colorectal cancer at no cost-sharing extends to follow-up colonoscopies after an abnormal or positive non-invasive stool-based screening test or direct visualization screening test as recommended by the USPSTF and clarified in federal guidance.”

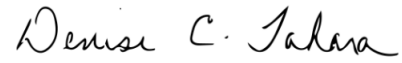
The Assembly passed this legislation in March 2022 by a vote of 140-3 and the Senate did the same in May 2022 by a vote of 61-0. By codifying into statute this legislation, we can ensure that private insurance plans in New York are complying with the new guidelines and providing coverage for follow-up colonoscopies to individuals after a positive non-invasive stool test with no cost sharing. Knowing that cost is a major barrier for patients getting screened, this clarification will help remove a significant barrier to individuals needing to complete the screening continuum while also avoiding confusion among providers and insurers alike.

The legislation has the broad support of more than 65 patient and provider groups including every cancer center in New York State, the American Cancer Society, the NAACP and more. We respectfully request that you sign this bill into law right away. Every day that insurers are not required to provide colorectal cancer screening coverage for those average risk patients 45 years and older and for the full cost of a follow up colonoscopy after a positive at home test is another day where New Yorkers are being put at risk.

**NYSPPHA's Recommendation.**

NYSPPHA recommends you sign A2085-A to clarify insurance coverage for colorectal cancer screening.

Sincerely,



Denise C. Tahara, PhD

President

New York State Public Health Association

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CC: *Elizabeth Fine, Counsel to the Governor*  
*Karen Persichilli Keogh, Secretary to the Governor*