Presented by a coalition of organizations committed to the early detection and prevention of colon cancer.

The American Gastroenterological Association (AGA) is the trusted voice of the GI community. Founded in 1897, the AGA has grown to include 17,000 members from around the globe who are involved in all aspects of the science, practice and advancement of gastroenterology. The AGA Institute administers the practice, research and educational programs of the organization. www.gastro.org.

ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to influence elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit www.acscan.org.

Colonial/Cancer Coalition is a national organization whose mission is to eliminate suffering and death due to colorectal cancer. C3 pushes for research to improve screening, diagnosis, and treatment of colorectal cancer; for policy decisions that make the most effective colorectal cancer prevention and treatment available to all; and for increased awareness that colorectal cancer is preventable, treatable, and beatable.

Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with nearly 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.asgefoundation.org for more information and to find a qualified doctor in your area.

The American Society of Colon and Rectal Surgeons (ASCRS), established in 1979, is an association of surgeon and allied professionals dedicated to advancing patient care and digestive health by promoting excellence in colorectal surgery and avoiding colorectal disease. ASCRS, with 17,000 members from around the globe who are involved in all aspects of the science, practice, and advancement of colorectal surgery, is the foremost resource for colorectal surgery education. Visit www.ascrs.org.

The Colon Club was founded in 2003 by Molly McMaster, M.D., a colon cancer survivor who was diagnosed on her 22nd birthday, and Hannah Vogler, 30, whose cousin and Molly’s friend, Amanda Sherwood Roberts, died of the disease at the age of 27. Our main goal is to educate as many people as possible, as early as possible, about colorectal cancer. In our everyday lives, to know the risk factors and symptoms, and to get screened when it is appropriate for them. For more information, please visit www.colonclub.com.

The Colon Cancer Alliance (CCA) is the oldest and largest national patient advocacy organization dedicated to ending the suffering caused by colorectal cancer. To order to increase the rates of screening and survival, the CCA provides patient support, public education, supports research and倡导s advocacy work across America. The CCA has numerous programs designed to help patients find the very best information and treatment options and to raise awareness about this disease. The CCA’s website is the leading source of colon cancer related information on the Internet. Learn more at www.ccalliance.org.


The Entertainment Industry Foundation (EIF) is a leading charitable organization of the entertainment industry, harnesses the collective power of the entire industry to raise awareness and funds for critical health, educational and racial issues in order to make a positive impact in our community. EIF is a $501(c)(3) charitable organization. www.eifoundation.org.

2011 Colorectal Cancer Legislation Report Card PRESENTED BY

This Report Card provides a snapshot of each state’s effort to pass legislation requiring insurance coverage for colon cancer screening tests, according to the best clinical guidelines.
SAVE LIVES. MAKE COLORECTAL CANCER SCREENING A NATIONAL PRIORITY.

Colorectal cancer is the second leading cause of cancer deaths for men and women combined in the United States, but it doesn’t have to be. When colorectal cancer is diagnosed at an early stage, the five year survival rate is 90 percent. However, when it is not diagnosed until it has spread to distant organs, the five year survival rate is only 10 percent. In 2010, the American Cancer Society reported that the colorectal cancer death rate has continued to decline. Down approximately 3.9 percent per year in men from 2002 to 2006 and 3.4 percent per year in women from 2001 to 2006, colorectal cancers saw one of the largest declines in death rates of all leading cancers.

GET TESTED. BEAT THIS DISEASE.

The federally mandated essential benefits package in the Affordable Care Act will not take effect until early 2014, and without strong protections could leave major gaps in its requirements for coverage of colorectal cancer screening for some at-risk groups. It is essential that states move in advance of 2014 to protect the health of ALL of their citizens now and in the future by adopting legislation requiring insurers to cover the cost of colorectal cancer screening.

In the 2011 Report Card for Colorectal Cancer, find out if your state has passed legislation and what you can do if your state fails to make the grade.

What You Can Do:

- Reach out to legislator(s). Log on to www.nccra.org to find contact information for your local decision makers. Send an email or make a quick call if you don’t like your state’s grade.
- Talk to your employer. Ask if their health plan covers colorectal cancer screening, and if not, encourage them to consider it.
- Contact your insurance provider. Understand what screenings your policy covers and what it does not.
- Check in with your friends and family. Share this report (at www.nccra.org) with them and encourage them to talk to their doctors about getting screened.

Grading Criteria - States with above average grades (A-B) generally cover all policyholders age 50 and over, and those under 50 at high risk. Coverage includes:
- Colonoscopy screenings every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Flexible sigmoidoscopy or double contrast barium enema screenings every 5 years
- Fecal occult blood tests (FOBT) or fecal immunochemical test (FIT) every year
- FOBT or FIT annually plus a flexible sigmoidoscopy every 5 years
- Stool DNA test (sDNA), interval uncertain

States receiving an A reference accepted screening guidelines*, allowing the legislation to include coverage of future advances in screening methods.

States receiving a B meet current screening guidelines*, but no guidelines are specifically referenced. The legislation may potentially fall short of providing coverage for future advances in screening methods.

States receiving a C have passed legislation that covers cancer screenings, but the legislation is vague and does not specifically mention which types of colorectal cancer screenings are covered.

States receiving a D have passed legislation that recommends insurance providers offer coverage, but does not require coverage.

States receiving an F do not currently have any legislation that requires insurance providers to cover colorectal cancer screenings.**

<table>
<thead>
<tr>
<th>TYPE OF CANCER</th>
<th>REQUIRE COVERAGE</th>
<th>INSUFFICIENT COVERAGE</th>
<th>NO COVERAGE</th>
<th>ESTIMATED DEATHS IN 2010</th>
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<tbody>
<tr>
<td>Colorectal</td>
<td>31</td>
<td>3</td>
<td>17</td>
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<tr>
<td>Breast</td>
<td>50</td>
<td>0</td>
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US figures estimated for 2010, American Cancer Society
* Including Washington, D.C.
** This report and grades legislative only. Some states with F grades are working with insurance providers to implement voluntary programs that will ensure widespread coverage for colorectal cancer screening.