OVERVIEW

Study of Proposed Mandatory Health Insurance Coverage for Colorectal Cancer Screening

Report No. 10-02, February 2010

Summary

In House Concurrent Resolution No. 109, the 2009 Legislature asked the Auditor to assess the social and financial impacts of House Bill No. 823 (HB 823), which requires health insurers to provide coverage for colorectal cancer screening for asymptomatic adults aged 50 and above. This study assesses the impacts of mandating coverage for each of the colorectal screening procedures (colonoscopy, flexible sigmoidoscopy, computed tomographic colonography) and fecal tests (fecal occult blood test, fecal immunochemical test, and stool DNA) defined as the standard of care in HB 823, by applying the criteria set forth in Sections 23-51 and 23-52, Hawai'i Revised Statutes.

Colorectal cancer is a "disease in which cells in the colon or rectum become abnormal and divide without control, forming a mass called a tumor." As of 2008, it is the third most common cancer among men and women and the second leading cause of death in the United States. Nationwide for 2009, the National Cancer Institute estimates 106,100 new cases of colon cancer, 40,870 new cases of rectal cancer, and 49,920 deaths due to colon and rectal cancer. From 2002 through 2006, the median age at colon cancer diagnosis was 71 years of age; the median age at death was 75 years of age.

By definition a screening looks for cancers *before* any symptoms are evident. Early stage colon and rectal cancers have very few symptoms, which make screenings more important in catching cancers early and making treatment easier. According to the U.S. Preventive Services Task Force (USPSTF), screening for colorectal cancer lags behind screening for other cancers. By one estimate, 18,800 lives could be saved each year if everyone over age 50 were regularly screened for colorectal cancer. Currently, 27 states and the District of Columbia have laws requiring health insurance screening coverage for colorectal cancer. The laws of 16 states and the District of Columbia follow the recommendations of the American Cancer Society (ACS), and two states follow the USPSTF 2008 guidelines.

Regular colorectal cancer screening for all average risk or asymptomatic adults aged 50 years or older is the standard of care based on the ACS 2008 guideline as well as that of the USPSTF—a leading independent panel of private sector prevention and primary care experts sponsored by the Agency for Healthcare Research and Quality (AHRQ) within the U.S. Department of Health and Human Services. According to the AHRQ, the USPSTF recommendations are considered the 'gold standard' for clinical preventive services. Differences in the standard of care are found in the procedures and tests used, and the intervals recommended by the ACS and USPSTFupdated in the 2008 screening guidelines. For example, computed tomographic (CT) colonography and stool DNA (sDNA) are two newer procedures listed as acceptable screening options of the ACS, but are not recommended by the USPSTF because there is insufficient evidence with which

to assess their benefits and harms. For this reason, we could not assess the social impact of providing coverage to reduce the incidence of colorectal cancer or mortality because there is no consensus on the efficacy of these newer tests among preventive health care experts.

The USPSTF found convincing evidence that colorectal cancer screening is effective in reducing mortality in adults, beginning at age 50 and continuing until age 75, and recommends: annual FOBT; flexible sigmoidoscopy every five years combined with FOBT every three years; and colonoscopy at ten year intervals. Although double contrast barium enema is an acceptable option under the ACS 2008 guideline, its effectiveness is unknown, its use is in decline and it was not considered by the USPSTF in 2008. We conclude that HB 823 should amend the standard of care for colorectal screening to include only the procedures and tests recommended by the USPSTF in 2008 for adults at ages 50 to 75.

The purpose of HB 823 is to encourage all asymptomatic adults aged 50 and above to obtain a colorectal cancer screening using the full range of screening options, including colonoscopy every ten years, recommended in the ACS 2008 guideline. Although a colonoscopy is not the perfect screening test available, it is considered the reference standard against which the sensitivity of other tests is compared. We found that while there is some insurance coverage for colorectal cancer screening, colonoscopy is not a screening method covered by the second largest health insurer we surveyed, and until January 2010 had not been a covered benefit in the preferred provider plan of the largest health insurer in Hawai‘i. For example, Kaiser Permanente Hawai‘i provides routine colorectal screening using flexible sigmoidoscopy and two fecal tests—FOBT and FIT, but screening colonoscopy is not available to 77,368 asymptomatic adults age 50 and over. Moreover, because there is no consensus among prevention and primary care experts as to the effectiveness of extending life-years using CT colonography and sDNA, only one health insurer in Hawai‘i provides coverage for all the screening options based on the ACS 2008 guideline. The other four health insurers surveyed follow the 2008 recommendations of the USPSTF to exclude screening coverage for CT colonography and sDNA.

House Bill No. 823 would be beneficial for a majority of Hawai‘i’s insured population of average risk or asymptomatic adults between the ages of 50 to 75 who are currently unable to select colonoscopy every ten years as a screening option. Insurance coverage can be expected to increase the use of screening colonoscopy but the cost of this increase should not bar the implementation of such coverage.

Recommendations and Response

We recommend the enactment of an amended House Bill No. 823 as appended to this report. The Departments of Health and Commerce and Consumer Affairs opted not to respond.

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