



To: House Health Care Committee
From: Jill Sudhoff-Guerin, Vermont Medical Society, Vermont Academy of Family Physicians
Date: March 12, 2024
RE: H.741

Chair Houghton and House Health Care Committee,

On behalf of the physician and physician assistant members of the Vermont Medical Society (VMS), and the Vermont Academy of Family Physicians (VTAFP) we want to thank you for allowing us to provide supportive testimony for H.741

VMS Strongly Supports Expanding Colorectal Cancer Screening Eligibility

Our organizations support removing a fixed age from the requirement that payers provide no-cost colorectal cancer screening, and instead have state statute refer to national screening guidelines. Current state statute only requires screenings to be covered beginning at age 50, while the American Cancer Society, United States Preventive Services Task Force Recommendations and multiple other organizations support beginning screening at age 45.

According to a [2023 data brief from the Vermont Department of Health](#), colorectal cancer is the third most diagnosed cancer and the second leading cause of cancer-related death for Vermont men and women. Colorectal cancer is also a highly preventable and treatable form of cancer. Regular screening can provide early detection of colorectal cancer and/or the prevention of colorectal cancer with screening by removing abnormal growths before they can develop into cancer.

Key Points:

- Colorectal cancer is a common form of cancer. While most common among older adults, recent trends show the rate of CRC increasing among younger adults under the age of 50.
- Screening for colorectal cancer and following up on abnormal results is very important. It is recommended that all adults between the ages of 45 and 75, who are considered at *average risk*, get screened for CRC either by a stool-based test, such as a FIT test, or direct visualization, such as through a colonoscopy. Early detection can lead to better outcomes.
- When diagnosed at an early (localized) stage, the five-year survival for CRC is **84%** in Vermont.
- When diagnosed at a late (distant) stage, the five-year survival for CRC is **11%** in Vermont.



Average Risk refers to the of developing cancer for people who do not have signs or symptoms of the cancer being screened and no prior precancer, cancer or condition that may put one at an increased risk for that cancer.

In describing the importance of the age 45 recommendation, the USPSTF sites that 10.5% of new colorectal cancer cases occur in persons younger than 50 years and that incidence of colorectal cancer (specifically adenocarcinoma) in adults aged 40 to 49 years has increased by almost 15% from 2000-2002 to 2014-2016. Lowering the starting age of screening from age 50 years to age 45 years results in an estimated additional 2 to 3 cases of colorectal cancer being averted, an estimated 1 additional colorectal cancer death averted, and an estimated 22 to 27 additional life-years gained per 1000 adults.

Rather than refer to fixed ages in state statute, the coverage requirement should be flexible enough to change with established clinical best practice. (Similarly, under the ACA, most private insurance plans are already required to preventive services that have a rating of A or B by the USPSTF – this would update state law in the same way.)

Thank you for your consideration and please contact me with any questions at jsudhoffguerin@vtmd.org or 802.917.5817