

Hello, for the record I'm Rep Kate McCann from Montpelier. Thank you for considering H.741.

As most of you know, this bill is very personal to me. My journey with colorectal cancer began just days before I was elected to the legislature. In 2016, at age 42, I had my first colonoscopy as part of a larger medical procedure. In 2022 at age 48, because it had been 6 years and because my younger sister had been identified as high risk for colorectal cancer, my primary care provider ordered a colonoscopy scheduled for late October. I can remember coming out of anesthesia and hearing Dr. Asnis imploring my husband to ensure I follow up with my primary care provider. It sounded alarming, but I had no idea what was to come. Days later the pathology confirmed colon cancer. Days after that, an MRI would show that the cancer had spread to my liver. At age 48, I was diagnosed with stage 4 colon cancer. The prognosis from UVM Medical was bleak at best. I was told that I was not a candidate for surgery and the course of treatment would be chemotherapy until my body couldn't take it anymore.

I began chemotherapy with UVM oncology and sought a second opinion. Memorial Sloan Kettering called me the Saturday after Thanksgiving. One of the questions from MSK was what insurance I had. I answered with BCBS of VT and was told that I was in-network. As a public school educator, I am very grateful for the VT NEA members that negotiate health insurance on my behalf. Having really good insurance when you need it the most is critical. MSK said they could cure my cancer and over the next 12 months I:

- completed the initial round of chemotherapy,
- had surgery in March 2023 to remove the primary tumor, chip away some of the liver tumors, and place a hepatic artery pump to allow targeted treatment to my liver
- Completed a second round of chemotherapy
- Had a second surgery in August 2023 to remove all remaining liver tumors, they took about 30% of my liver. I'll add that my roommate at this time was a **27 year old woman** with stage 4 colon cancer.
- Completed a third round of chemotherapy

I'm very lucky that the cancer spread to a regenerating organ and that my body responded so well to the chemo drugs. I'm so very grateful for the coordinated care at Memorial Sloan Kettering. Just before Thanksgiving 2023 I was told that I was tumor and cancer free.

H.741 proposes to align Vermont's health insurance coverage requirements for colorectal cancer screening for individuals at average risk for colorectal cancer (CRC) with the most recently published recommendations established by the American Cancer Society. This bill would expand coverage for those at average risk and **maintain the current coverage for high-risk individuals**. Under current statute, for insureds who are at high risk of CRC, the benefit includes CRC screenings, examinations, and laboratory tests as recommended by the insured's treating physician.

The [American Cancer Society Cancer Facts & Figures 2024](#) report demonstrates a need for expanding coverage for those at average risk and maintaining current coverage for those at higher risk.

- Of all cancers, CRC will take the most lives of people under 50 by 2030.
- 1 in 10 CRCs are diagnosed in patients under 50 years of age.
- 1 in 26 women will be diagnosed with CRC.
- Those with a family history of CRC are at a higher risk and need to be screened earlier than 45.
- CRC is preventable with [screening](#) and affordable, take-home options exist.
- There are more than 20 million Americans eligible for colorectal cancer [screening](#) who have not been screened.
- The CDC estimates that 68% of deaths from CRC could be avoided if all eligible people got screened.
- Black Americans are about 20% more likely to get CRC and about 40% more likely to die from it than most other groups.
- Less than 50% of Asian Americans are up-to-date with colorectal cancer screening.
- Indigenous communities have higher rates of CRC.

- Jews of Eastern European descent have one of the highest risks of CRC of any ethnic group in the world.
- By 2030, the incidence of early-age onset (EAO) CRC — diagnoses under age 50 — is predicted to increase by more than 140%, meaning more than 27,000 people under age 50 will be diagnosed with colorectal cancer.

In closing, research data is what drives official recommendations on the screening age. As more data becomes available, recommendations can change. The current screening age was lowered to begin at age 45 (instead of age 50) in 2021. We must act now to bring VT law in-line with science-based recommendations.

If you were to decide to take up this bill, I'll add that I'd love to see a friendly amendment to include

On the average risk side, ensuring that a colonoscopy after an abnormal non-invasive test is also covered without cost-sharing - which would be aligned with federal statute.

Thank you very much for taking my testimony today. I'd be happy to attempt to answer any questions, perhaps following the walk through with legislative counsel.