

Kentucky Colon Cancer Policy: A (Not Overnight) Success Story

Jason Baird, Founder
The Limestone Group



Kentucky
is a
national
leader



...in diabetes, obesity, diabetes,
several types of cancer.

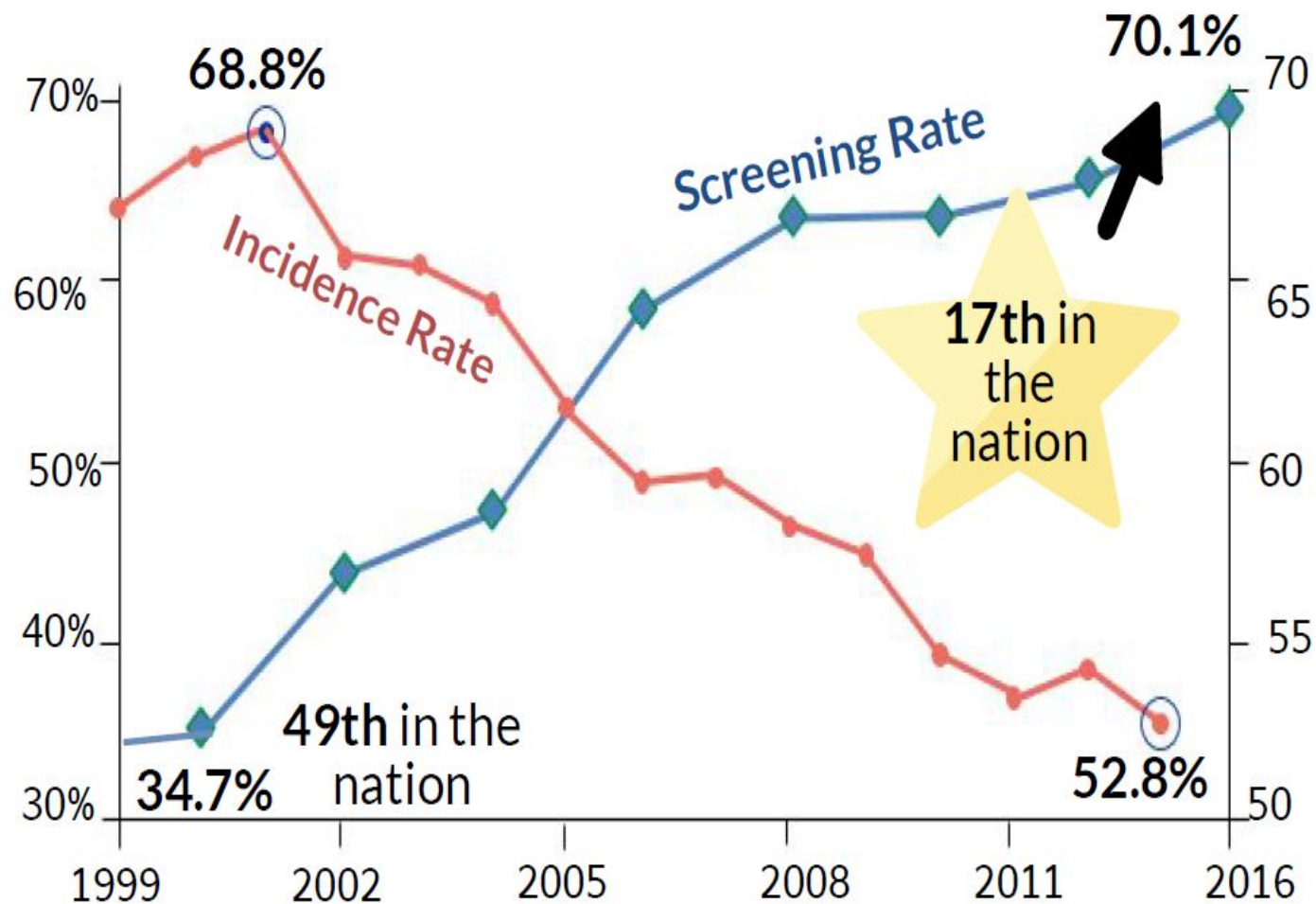
But also in improvements to
colorectal cancer screening rates
and colorectal cancer policy
change.



What We Accomplished

- Kentucky's CRC screening rate has improved more than any other state in the last 17 years – **50% increase**
- **23% decrease** in incidence; **30% decrease** in mortality
- Every year, **350 Kentuckians** who would have gotten the disease did not AND **230** did not die due to lower stage diagnosis

SCREENING. SAVES. LIVES.



In the past 17 years, Kentucky's colorectal cancer (CRC) screening rate has improved more than any other state in the country.



As screening rates have risen, incidence rates and mortality rates have declined **DRAMATICALLY**.

23% decrease in incidence

30% decrease in mortality

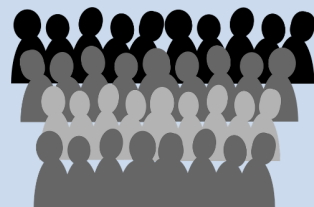
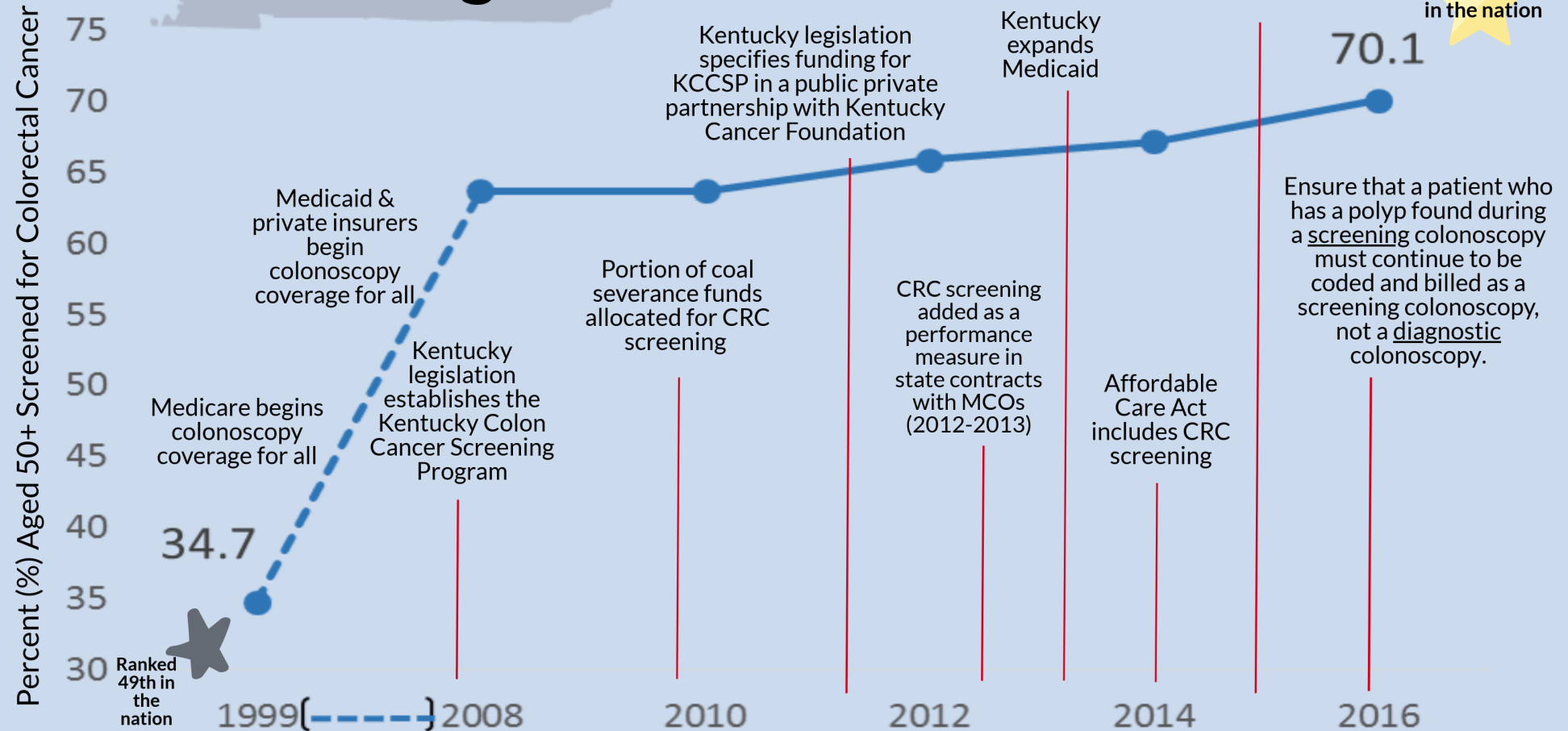
This decrease in incidence means that every year approximately 350 Kentuckians who would have gotten colorectal cancer no longer get the disease.



Set goals...
policy!



Kentucky Colorectal Cancer Policy: Saving Lives!



THANK YOU for prioritizing policies that reduce cancer in Kentucky. We know what works to prevent colorectal cancer and how to find it early when it is most treatable. Enacting data driven practices at the policy level give you, our state policymakers, a unique opportunity to join our efforts.

A message from the
Kentucky Cancer
Consortium Colon
Cancer Committee.
Visit us at:
www.kycancerc.org





What We Accomplished

Building upon successes

- Passed legislation creating KY Colon Cancer Screening Program for the uninsured -- but not funded (2008)
- Fully funded health insurance coverage for colon cancer screening for KY health plans and Medicaid (2008)
- Funded screening program with \$200,000 in coal severance funds (2010)



What We Accomplished

Building upon successes

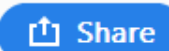
- Funded screening program with \$1 million in General Fund dollars and created public-private partnership of Kentucky Cancer Foundation (2012)
- Secured second round of \$1 million in General Fund appropriation (2014)



What We Accomplished

Building upon successes

- Eliminated “polyp loophole” (2015) with Senate Bill 61.
- Fixed the FIT or DNA Stool test follow-up colonoscopy problem
- Implemented most up to date ACS Screening Guidelines moving forward. As guidelines are updated, the statute automatically updates



COMMONWEALTH OF KENTUCKY
OFFICE OF INSURANCE
FRANKFORT, KENTUCKY

ADVISORY OPINION
2015-03

The following Advisory Opinion is to advise the reader of the current position of the Kentucky Department of Insurance (the "Department") on the specified issue. The Advisory Opinion is not legally binding on either the Department or the reader.

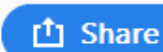
TO: ALL HEALTH INSURERS AUTHORIZED TO OFFER HEALTH BENEFIT
PLANS IN THE COMMONWEALTH OF KENTUCKY

FROM: SHARON P. CLARK, COMMISSIONER
KENTUCKY DEPARTMENT OF INSURANCE

RE: COLORECTAL CANCER SCREENINGS

DATE: MAY 12, 2015

The purpose of this Advisory Opinion is to clarify the use of "complete colorectal cancer screening" in SB 61 as it amended KRS 304.17A-257. Colorectal cancer examinations specified in guidelines by the American Cancer Society for colorectal cancer screening were covered by insurance companies. However, the amended statute now covers those examinations, specified in screening guidelines by the American Cancer Society, performed by participating providers at no cost share by the insured. That is to say, under an insured's health benefit plan, no deductible or coinsurance amount shall be collected for colorectal examinations specified in current American Cancer Society screening guidelines. For example, if a Fecal Immunochemical Test (FIT) result indicates that the insured needs further testing, such as a colonoscopy, then the FIT and colonoscopy shall be covered as preventive and no deductible or coinsurance amount will be collected. As the American Cancer Society updates its guidelines for colorectal cancer screenings, those recommended examinations will continue to be covered and not be subject to a deductible or coinsurance amount, pursuant to the amending language of SB 61.



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What
We
Accomplished

Building upon successes

- Expanded screening program to the underinsured (2016)
- Passed resolution in support of federal legislation to close Medicare colon cancer screening loophole (2017)

304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests. (Effective January 1, 2020)

- (1) A health benefit plan issued or renewed on or after January 1, 2016, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals as follows:
 - (a) Coverage or benefits shall be provided for all colorectal cancer examinations and laboratory tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening; and
 - (b) The covered individual shall be:
 1. Forty-five (45) years of age or older; or
 2. Less than forty-five (45) years of age and at high risk for colorectal cancer according to the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening.
- (2) Coverage required by this section shall not be subject to a deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the health benefit plan.
- (3) This section shall not be construed to limit coverage required by KRS 204.17A-259 or any other law.

Effective: January 1, 2020

History: Amended 2019 Ky. Acts ch. 29, sec. 2, effective January 1, 2020. -- Amended 2015 Ky. Acts ch. 10, sec. 1, effective January 1, 2016; and ch. 56, sec. 1, effective January 1, 2016. -- Created 2008 Ky. Acts ch. 107, sec. 1, effective July 15, 2008.



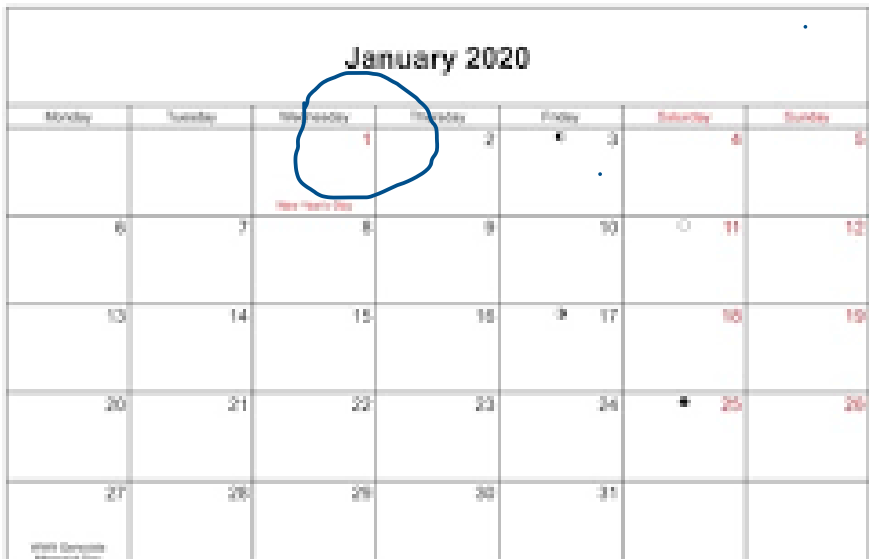
What We Accomplished

Building upon successes

- Secured \$1 million in General Fund dollars to restart the screening program (2018)
- **Became first state in nation to mandate cancer risk genetic testing coverage with no cost to the insured based upon NCCN guidelines and updated coverage to age 45 based on ACS guidelines (2019)**

AN ACT relating to cancer prevention through insurance coverage for screening and appropriate genetic testing 2019 SB-30

- NCCN Guidelines specific
- Kentucky governed health plans
- Not deductible, coinsurance, or any other cost-sharing
- Ovarian, colorectal, breast, uterine, pancreas, gastric, melanoma, prostate
- ACOG, ACG, KMA, Ky Assn Genetic Counselors, ACS, UK Markey, UL Brown



304.17A-259 Coverage under health benefit plan for genetic test for cancer risk. (Effective January 1, 2020)

- (1) As used in this section, "genetic test for cancer risk" means a blood, saliva, or tissue typing test that reliably determines the presence or absence of an inherited genetic characteristic that is generally accepted in the medical or scientific community as being associated with a statistically significant increased risk of cancer development.
- (2)
 - (a) All health benefit plans issued or renewed on or after January 1, 2020, shall cover any genetic test for cancer risk that is recommended by any of the following, if the recommendation is consistent with the most recent version of genetic testing guidelines published by the National Comprehensive Cancer Network (NCCN):
 1. A physician, physician assistant, or genetic counselor licensed under KRS Chapter 311; or
 2. An advanced practice registered nurse licensed under KRS Chapter 314.
 - (b) The commissioner may extend the coverage required by paragraph (a) of this subsection to include recommendations that are consistent with the most recent version of genetic testing guidelines or criteria published by additional national medical societies, if the guidelines or criteria are determined by the commissioner to be relevant and reliable.
- (3) Coverage required by this section shall:
 - (a) Not be subject to a deductible, coinsurance, or any other cost-sharing requirements; and
 - (b) Include coverage at the health benefit plan's average in-network rate for out-of-network providers or laboratories if there are no in-network providers or laboratories available to provide the covered test.
- (4) This section shall not be construed to limit coverage required by KRS 304.17A-257 or any other law.

Effective: January 1, 2020

How We Did It



Colon Cancer Prevention Project
Independent
Kentucky-based
non-profit: Colon
Cancer Prevention
Project is the Key
Ingredient to our
Kentucky Secret
Sauce



How We Did It



Colon Cancer Prevention Project

- Top recommendation for other states to replicate
- Engage a lobbyist
- Conduct advocacy work at the state level and at the grass roots level

How We Did It



Long-term, cross-sector collaboration

- Health departments
- Comp cancer
- Non-profits
- Health systems
- Advocacy organizations

How We Did It



Long-term, cross-sector collaboration

- Provider groups
- Physicians
- Legislators
- Lobbyists
- Public health officials

OUR STATE LEGISLATIVE CHAMPIONS



Resources



Jason Baird, jason@limestonegrp.com

www.limestonegrp.com

Colon Cancer Prevention Project

www.coloncancerpreventionproject.org