



To: Del. Delores McQuinn  
Virginia Commerce and Energy Subcommittee

RE: **HB 2356**

Dear Delegate McQuinn and Members of the Virginia Commerce and Energy Subcommittee:

I am writing on behalf of the Virginia Colorectal Cancer Roundtable – where I serve as Co-chair. I work with VCCRT members across our state to increase colorectal cancer (CRC) screening to all Virginians with the goal of decreasing deaths from CRC which can be prevented or detected early through screening. I also serve as lead for the UVA Comprehensive Cancer Center Colorectal Cancer Screening program and I am a gastroenterologist whose primary clinical focus is performing colonoscopies for colorectal cancer screening.

To give some background on this bill:

In 2000, the late state Senator Emily Couric introduced the bill below after the untimely death of her then brother-in-law, Jay Monahan, her sister Katie's husband. This bill was ultimately passed during March Colorectal Cancer Awareness month 2000. Virginia was the first state in the nation to cover CRC screening.

---

## SB 26 Colorectal cancer screening.

Introduced by: [Emily Couric](#) | [all patrons](#) ... [notes](#) | [add to my profiles](#)

### SUMMARY AS INTRODUCED:

**Colorectal cancer screening.** Requires health insurers, health maintenance organizations, corporation providing health care coverage subscription contracts, the state employees health insurance program, and the Virginia Medicaid program to provide coverage for colorectal cancer screening. The coverage must be provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations. The coverage cannot be more restrictive than or separate from coverage in any policy, contract or plan that is provided for any other illness, condition or disorder.

In Virginia the most common CRC screening tests are: stool based testing (FIT/Cologuard) and colonoscopy. If a patient has a positive stool-based test (FIT/Cologuard), they require a colonoscopy to complete their screening. Coverage of this complete screening was Emily

Couric's original intent, however insurers found a loophole and if a stool test was positive, they deemed the follow up colonoscopy as "diagnostic" and no longer "screening", thus it was not a covered benefit. Patients prefer choice in CRC screening options. Medical data also supports that offering choice (colonoscopy and non-invasive CRC screening) results in more patients being screened. Busy young Virginians often choose stool based testing because it can be performed at home, it is non-invasive, does not require time away from work/sedation/another person to drive them home from a procedure. But many primary care providers were reluctant to recommend stool based testing to their patients because they knew that if the test was positive, their patient could then be responsible for a large bill (co-insurance/deductible) for a "diagnostic" colonoscopy.

In 2021, the USPSTF recommended that CRC screening begin at age 45 and stated that a positive non-invasive (stool based) test required follow up colonoscopy to complete the screening. This fell under the mandate of the ACA and colonoscopy following a non-invasive test (stool based test/CT colonography) became a covered benefit for non-grandfathered plans in 2022. Additionally CMS approved coverage for Medicare patients beginning Jan 2023.

**The CRC screening coverage mentioned in HB 2356, is covered at the federal level by CMS and through the ACA. We request approval of HB 2356 at the state level to assure that all Virginians can be screened for colorectal cancer beginning age 45 without the burden of cost sharing. I strongly support passage of HB 2356.**

Finally, if I may, I would also like to **propose that the Governor Yougkin recognize March 2023 as Colorectal Cancer Awareness Month in honor of late Del. Donald McEachin.**

Please do not hesitate to contact me if I can answer any further questions.

Respectfully,

Cynthia Yoshida, MD, AGAF  
Co-Chair, Virginia Colorectal Cancer Roundtable