



**AMERICAN COLLEGE OF GASTROENTEROLOGY**  
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June 27, 2016

The Honorable Ed Hernandez  
Senate Health Committee, Chair  
California State Senate  
State Capitol, Room 2080  
Sacramento, CA 95814

Dear Senator Hernandez,

On behalf of the American College of Gastroenterology and our members in California, we applaud you for holding a hearing on AB 1763 "*Health Care Coverage: Colorectal Cancer Screening and Testing.*" This legislation eliminates financial and structural barriers to lifesaving colorectal screenings. This bill also shares the same goals as the College's advocacy efforts before the U.S. Congress and federal level, as it removes financial barriers throughout the "screening continuum," so that cost-sharing would not apply, whether the colonoscopy was a preventive test or as the result of a positive finding on another screening modality.

Colorectal cancer is the second leading cause of cancer deaths in the United States, with approximately 50,000 Americans expected to die from colorectal cancer this year alone. Last year, the American Cancer Society estimated that 14,510 new cases of colorectal cancer will be diagnosed in California. The American Cancer Society also estimated that roughly 5,180 California residents would die from colorectal cancer.

The American College of Gastroenterology and over 650 private and public sector partners, including the California Colorectal Cancer Coalition (C4), California Department of Public Health, and 3 organizations located in your district (ChapCare Vacco, Hemosure, Inc., & Methodist Hospital of Southern California), are committed to an ambitious public health goal of screening 80% of eligible adults for colorectal cancer by 2018. Estimated screening rates in California, are roughly 70%, according to the American Cancer Society's "Colorectal Cancer Fact & Figures 2014-2016." While we have made significant progress against colorectal cancer incidence rates and mortality, more needs to be done to increase the use of screening tests.

#### The College's Colorectal Cancer Screening Guidelines

According to the medical literature, African Americans are more likely to be diagnosed with colorectal cancer at younger ages and also experience lower survival rates. Thus, the College recommends in its [Colorectal Cancer Screening Guidelines](#) that African American average-risk patients begin getting screened at age 45, rather than at age 50. The College also urges the California Senate to consider this

stipulation in conjunction with AB 1763 as the bill moves through the legislative process in order to further improve screening rates in the African American community.

The College appreciates your commitment to ensuring access to preventive services. We look forward to working with you in getting this bill signed into law.

Sincerely,

A handwritten signature in black ink, appearing to read "Simon K. Lo". The signature is fluid and cursive, with the first name being the most prominent.

Simon K. Lo, MD FACG  
ACG Governor, Southern California A  
Los Angeles, CA

A handwritten signature in black ink, appearing to read "Walter J. Coyle". The signature is cursive and somewhat stylized, with the last name being the most prominent.

Walter J. Coyle  
ACG Governor, Southern California B  
San Diego, CA

A handwritten signature in black ink, appearing to read "Neil H. Stollman". The signature is cursive and somewhat stylized, with the first name being the most prominent.

Neil H. Stollman, MD FACG  
ACG Governor, Northern California  
Piedmont, CA