



**Testimony before the Committee on Health Coverage, Insurance and Financial Services: LD 555, *An Act to Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage***

**Darcy Shargo, CEO, Maine Primary Care Association**

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Senator Sanborn, Representative Tepler, and distinguished members of the Committee on Health Coverage, Insurance and Financial Services; I am Darcy Shargo, and I serve as CEO of the Maine Primary Care Association (MPCA).

I am submitting testimony today in support of **LD 555, *An Act to Reduce Colorectal Cancer Incidence and Mortality by Updating Screening Coverage***, on behalf of the Maine Primary Care Association, and its members, which include all of Maine's 19 Federally Qualified Health Centers (FQHCs), and one FQHC Look-Alike. Maine's FQHCs, also known as Community Health Centers, provide comprehensive primary and preventive care for approximately 1 in 6 Maine people.

Among the core preventive services that Community Health Centers (CHCs) must address is colorectal cancer screening. As part of their core clinical quality metrics, all CHCs are responsible to track the percentage of patients 50-75 years of age who have had a screening for colorectal cancer. In fact, in Maine and nationally, health centers are on the front lines of screening for this disease. While roughly 63% of the CHC patients in this age bracket are getting the screening, (2017 UDS) the health centers in Maine are in support of any effort that might help to reach that last 30+% of patients, as well as others who may be at average risk and not within the 50-75 age bracket.

LD 555 seeks to require coverage for colorectal cancer screening for asymptomatic individuals who are at average risk for colorectal cancer and instead requires coverage in accordance with the most recently published guidelines of a national cancer society. In addition, this bill requires coverage of all colorectal examinations and laboratory tests recommended by a health care provider in accordance with those published guidelines. To Maine's Community Health Centers, this coverage requirement and the flexibility that it suggests translate to stronger clinical

practice as well as an increased chance to reach—and treat—individuals who otherwise may not get the full complement of screening that is required for a diagnosis. Finally, in the CHC setting, there is already strong practice in place, and expanding coverage for CRC screening would help Maine to continue to lead national efforts to screen for this deadly disease.

Thank you for the opportunity to submit written testimony on this bill. If there is any additional information that MPCA or our members could provide with respect to additional review and/or revisions to this bill, please don't hesitate to contact my office.