



AMERICAN COLLEGE OF GASTROENTEROLOGY
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February 18, 2016

The Honorable Mike A. Gipson
California State Assembly
Capitol Office
P.O. Box 942849, Room 4164
Sacramento, CA 94249-0064

Dear Assemblymember Gipson,

On behalf of the American College of Gastroenterology and our members in California, we applaud you for introducing 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.

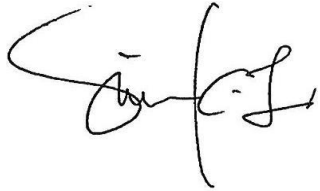
The American College of Gastroenterology and over 650 private and public sector partners, including the California Colorectal Cancer Coalition (C4) and California Department of Public Health, are committed to an ambitious public health goal of screening 80% of eligible adults for colorectal cancer by 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 you to consider including this stipulation in 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 first 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