

**641—10.2 (135) Definitions.** For purposes of this chapter, the following definitions apply:

“*Advanced registered nurse practitioner*” means an individual licensed to practice under 655—Chapter 7.

“*Case management*” means establishing, brokering and sustaining a system of available clinical and essential support services for all individuals enrolled in the program.

“*Colon*” means large intestine or large bowel.

“*Colonoscope*” means a thin, flexible tube that takes pictures of the colon and rectum during a colonoscopy.

“*Colonoscopist*” means a licensed provider who administers a colonoscopy.

“*Colonoscopy*” means a visual examination of the inner surface of the colon by means of a colonoscope.

“*Colorectal cancer,*” “*colon cancer*” or “*CRC*” means cancer that starts in the colon or the rectum.

“*Colorectal cancer data elements*” or “*CCDE*” means a set of standardized data elements developed by the Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, to ensure that consistent and complete information is collected on participants whose screening or diagnosis was paid for through the IGS program with federal funding.

“*Department*” means the Iowa department of public health.

“*Double-contrast barium enema*” means an X-ray examination of the entire large intestine (colon) and rectum in which barium and air are introduced gradually into the colon by a rectal tube.

“*Eligibility criteria*” means a set of questions that a potential participant is asked to ensure the participant meets program qualifying standards including targeted age, income guidelines, level of risk for colorectal cancer and screening determination guidelines. Qualifying standards are outlined in the CDC’s Colorectal Control Cancer Program Policies and Procedures and are based on recommendations from the United States Preventive Services Task Force (USPSTF).

“*Endoscopist*” means a physician who is licensed to perform a visual inspection of any cavity of the body by means of an endoscope.

“*Familial adenomatous polyposis*” or “*FAP*” means an inherited colorectal cancer syndrome and accounts for 1 percent of all cases of colorectal cancer. “Familial” means FAP runs in families; “adenomatous” means the type of polyps detected in the colon and small intestine that may become cancerous; and “polyposis” means the condition of having multiple colon polyps. The gene for FAP is on the long arm of chromosome 5 and is called the APC gene.

“*Family history*” means that a person’s close relatives (parents, siblings or children) have had colorectal cancer and, therefore, the person is somewhat more likely to develop that type of cancer, especially if the family member developed the cancer at a young age. If many family members have had colorectal cancer, the chances that the person will develop colorectal cancer increase even more.

*“Fecal immunochemical test”* or *“FIT”* means the primary screening method for the IGS program to test for hemoglobin in the feces, a possible sign of colorectal cancer.

*“Federally qualified health center”* or *“FQHC,”* referred to in Iowa as a community health center or *“CHC,”* means a federally funded nonprofit health center or clinic that serves medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of ability to pay. Services shall be provided on a sliding fee scale based on ability to pay. The IGS program utilizes community health centers to provide services to target populations.

*“Final diagnosis”* means the process of identifying or determining the nature and cause of a disease or injury through evaluation of patient history, examination and review of laboratory data.

*“Health care provider”* means any physician, advanced registered nurse practitioner, or physician assistant who is licensed by the state of Iowa and provides care to IGS-enrolled participants.

*“Hereditary nonpolyposis colorectal cancer”* or *“HNPCC”* means an inherited colorectal cancer syndrome and accounts for 5 percent of all cases of colorectal cancer. *“Hereditary”* means HNPCC is inherited or can be passed from parent to child; *“nonpolyposis”* contrasts HNPCC to the inherited condition FAP where hundreds to thousands of polyps develop in the colon; *“colorectal cancer”* is the most frequent cancer that develops in these families. Patients with HNPCC have an 80 percent chance of developing colorectal cancer.

*“Informed consent”* means the participant has signed the IGS informed consent and release of medical information form and therefore voluntarily agrees to participate and receive colorectal services and appropriate follow-up through the IGS program. Consent for services can be canceled at any time by the participant.

*“In-reach”* means the method that will be used in the local program to recruit participants. In-reach targets existing clients through the Iowa care for yourself program and federally qualified health centers.

*“Iowa care for yourself program”* or *“IA CFY program”* means a program that provides breast and cervical cancer screening, diagnostics and cardiovascular-related intervention services to low-income, underinsured or uninsured women 40 to 64 years of age. The IA CFY program integrates program services, as possible, with the IGS program. Some IA CFY program participants have been enrolled through in-reach activities into the IGS program.

*“Iowa get screened: colorectal cancer program”* or *“IGS program”* means the state program funded through the federal Colorectal Cancer Control Program (CRCCP). This program requires policy and systems change, public education and awareness and limited screening activities. The IGS program has been made possible in Iowa through a cooperative agreement awarded to the department through the competitive bid grants procurement process by the United States Department of Health and Human Services, Division of the Centers for Disease Control and Prevention.

*“Large intestine”* means the last part of the digestive tract. The large intestine is divided into sections including the ascending which begins at the cecum on the right side, the transverse which is the horizontal section, and the descending which is on the left side and includes the sigmoid and the rectum. The primary function of the large intestine is the absorption of water and the formation and collection of feces.

*“Local program”* means the entity or facility in which IGS services are being offered through a contractual agreement with the department.

*“Local program coordinator”* means the individual within a local program who is providing services to a participant.

*“Medical advisory board”* or *“MAB”* means the body that provides oversight of the quality of screening services delivered through the IGS program.

*“Oncologist”* means a specialist physician who treats or studies the physical, chemical and biologic properties and features of a neoplasm, including causation, pathogenesis and treatment.

*“Participant”* means an individual enrolled in the IGS program to receive colorectal cancer screening services in accordance with the United States Preventive Services Task Force (USPSTF) recommendations.

*“Pathologist”* means a specialist physician who identifies diseases by studying cells and tissues under a microscope.

*“Patient navigator”* means the individual who identifies and coordinates resources for a participant with a screening diagnosis of colorectal cancer who may require physical, emotional, financial or other support through the cancer journey. Navigation services are provided through a cooperative agreement with the American Cancer Society.

*“Physician”* means an individual licensed to practice under Iowa Code chapter 148.

*“Physician assistant”* means an individual licensed to practice under Iowa Code chapter 148C.

*“Polyp”* means a growth from a mucous membrane commonly found in organs such as the rectum, the uterus and the nose. Certain types of polyps, such as adenomas, may develop into cancer.

*“Precancerous”* means a condition that may become or is likely to become cancer.

*“Primary care provider”* means a health care provider who provides definitive care to a patient at the point of first contact and takes continuing responsibility for providing the patient’s care.

*“Provider agreement”* means a signed cooperative agreement between the department and another party, for example, a health care provider.

*“Radiologist”* means a specialist physician trained in creating and interpreting pictures of areas inside the body. The pictures are produced with X-rays, sound waves or other types of energy.

*“Rectum”* means the last part of the large intestine where stool is stored prior to evacuation through the anus (external opening of the digestive system).

*“Referral”* means directing program participants with abnormal screening results to appropriate resources for follow-up action.

*“Screening”* means the search for disease, such as cancer or precancerous polyps in people without symptoms.

*“Secondary complication”* means an additional problem that arises following a procedure, treatment or illness.

*“Surveillance”* means a periodic colonoscopy as recommended by a physician on a case-by-case basis for participants with a prior history of adenoma(s) or colorectal cancer in accordance with USPSTF recommendations. The purpose of surveillance is to rescreen and remove polyps that were missed on the initial colonoscopy or that developed in the interval since the previous colonoscopy.

*“Underinsured”* means an individual with income at 250 percent of the federal poverty guideline or lower with health insurance that has unreasonably high copayments, deductibles or coinsurance.

*“United States Preventive Services Task Force”* or *“USPSTF”* means an independent panel of nonfederal health care experts that evaluates the latest scientific evidence on clinical preventive services and then sets recommendations for preventive services including colorectal cancer screening. These recommendations by USPSTF are the guidelines that are followed for recommended colorectal cancer screening by the IGS program.

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