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ASGE APPLAUDS SEN. SHERROD BROWN FOR INTRODUCING THE "REMOVING BARRIERS TO COLORECTAL CANCER SCREENING ACT" IN THE SENATE

Legislation corrects oversight in current law holding Medicare beneficiaries responsible for paying coinsurance when screening colonoscopy involves polyp removal

DOWNERS GROVE, Ill., May 12, 2014 – U.S. Senator Sherrod Brown (D-OH) announced today that he will introduce the "Removing Barriers to Colorectal Cancer Screening Act" in the Senate later this week. It is the first time this important legislation will be introduced in the Senate. The legislation would eliminate an unintended financial barrier to colonoscopy screening for colorectal cancer. Under current Medicare law, a beneficiary's coinsurance and deductible is waived for a screening colonoscopy. However, when a polyp is discovered and removed during screening colonoscopy, the procedure is reclassified as being therapeutic and Medicare patients are required to pay the coinsurance. While Medicare's preventive benefits policy is intended to eliminate cost-sharing for screening colonoscopy, this oversight contributes to a financial burden that may prevent many beneficiaries from receiving this highly effective examination. Sen. Brown held a press conference about the legislation today at Cleveland Clinic in Ohio.

"We thank Sen. Brown for introducing this important legislation in the Senate. Not enough people are being screened for colorectal cancer and this cost-sharing creates unforeseen financial burdens in those patients that benefit most from screening: those with colon polyps. Ultimately this change in procedural classification discourages the use of colonoscopy, a life-saving exam," said Colleen M. Schmitt, MD, MHS, FASGE, president, American Society for Gastrointestinal Endoscopy (ASGE). "In March, the American Cancer Society reported a 30 percent decrease in colorectal cancer incidence attributed largely to colonoscopy, which finds and removes precancerous polyps. The legislation is vital in achieving higher colorectal cancer screening rates and reducing deaths from this largely preventable disease. ASGE will continue to advocate for Congress to pass this legislation and remove cost-sharing for Medicare patients."

The legislation was first introduced in the House of Representatives in 2012 by Representative Charlie Dent (R-PA). ASGE has been working with other groups for the past three years to convince Congress to address the cost-sharing issue, which has caused confusion for both patients and providers. In 2013, the federal government issued an important clarification on preventive screening benefits under the Affordable Care Act. Patients with private insurance cannot be liable for cost-sharing when a precancerous colon polyp is removed during screening colonoscopy. Yet patients with Medicare coverage must still pay the coinsurance when a polyp is removed as a result of the screening colonoscopy. This cost-sharing inequity for Medicare beneficiaries must be corrected.

The American Society for Gastrointestinal Endoscopy and the American Cancer Society and many other organizations are committed to eliminating colorectal cancer as a major public health problem and that is why these groups are supporting a new national campaign to increase screening rates in this country to 80 percent by 2018.

Speaking at the press conference, John J. Vargo II, MD, MPH, FASGE, secretary-elect of the American Society for Gastrointestinal Endoscopy and chair of Cleveland Clinic's Department of Gastroenterology and Hepatology said, "Senator Brown's legislation will help us reach this goal by eliminating a remaining cost barrier to screening colonoscopy for Medicare beneficiaries. That cost barrier is the beneficiary's liability for paying coinsurance when a polyp is taken out during the screening exam. A screening colonoscopy doesn't cost a Medicare beneficiary anything when there are no polyps or other tissue removed. Unfortunately, Medicare rules change when the physician takes the preventive action of removing a polyp, which then triggers a coinsurance liability for the patient to pay. Patients have no way of knowing before the colonoscopy screening if they will owe coinsurance."

Nearly 137,000 men and women will be diagnosed with colorectal cancer in 2014 while another 50,000 will die from it. While research shows that screening saves lives and incidence rates are dropping, about one in three adults in the U.S. who are aged 50 to 75 years have not been screened for colorectal cancer according to a 2013 report from the Centers for Disease Control and Prevention (CDC). Colorectal cancers arise from precancerous growths in the colon called polyps, which can be found during a colonoscopy screening exam and removed before they turn into cancer. Colonoscopy is considered the preferred screening test because it is a preventive exam; it is the only test that examines the entire colon, and both finds and removes precancerous polyps during the same exam. With other methods, if a polyp is found, that test must then be followed by a colonoscopy to remove the polyp. A person at average risk with normal colonoscopy results won't need another exam for 10 years. Should a polyp or cancer be found, screening intervals may be more frequent.

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About the American Society for Gastrointestinal Endoscopy
Since its founding in 1941, the American Society for Gastrointestinal Endoscopy (ASGE) has been dedicated to advancing patient care and digestive health by promoting excellence in gastrointestinal endoscopy. ASGE, with more than 12,000 members worldwide, promotes the highest standards for endoscopic training and practice, fosters endoscopic research, recognizes distinguished contributions to endoscopy, and is the foremost resource for endoscopic education. Visit www.asge.org and www.screen4coloncancer.org for more information and to find a qualified doctor in your area.

About Endoscopy
Endoscopy is performed by specially-trained physicians called endoscopists using the most current technology to diagnose and treat diseases of the gastrointestinal tract. Using flexible, thin tubes called endoscopes, endoscopists are able to access the human digestive tract without incisions via natural orifices. Endoscopes are designed with high-intensity lighting and fitted with precision devices that allow viewing and treatment of the gastrointestinal system.