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**ASGE AND THE COLORECTAL CANCER COALITION PRAISE AFFORDABLE
CARE ACT PROVISION FOR COVERAGE OF
COLORECTAL CANCER SCREENING**

***Organizations call upon health plans and insurers to support all eligible people having
the option of colorectal cancer screening without cost***

OAK BROOK, Ill. – September 22, 2010 – The American Society for Gastrointestinal Endoscopy (ASGE) and the Colorectal Cancer Coalition are encouraged that the Affordable Care Act (ACA) provision requiring all new health insurance plans to cover certain preventive services, including colorectal cancer screening, without imposing cost-sharing requirements on patients will take effect September 23. As two organizations dedicated to reducing colorectal cancer incidence and mortality, ASGE and the Colorectal Cancer Coalition remain concerned that screening-eligible adults who choose a colonoscopy as their method of colorectal cancer screening may be unfairly penalized. Under the recently published regulations, health plans or insurers are given the freedom to impose cost-sharing requirements if, during a colonoscopy, a precancerous polyp is found and removed.

“Colorectal cancer is a largely preventable disease. Screening for colorectal cancer by colonoscopy identifies polyps and allows them to be removed before they turn into cancer, and that is the basis for colonoscopy as both a screening and colorectal cancer prevention tool,” said M. Brian Fennerty, MD, FASGE, president, American Society for Gastrointestinal Endoscopy. “We call upon health plans and insurers to fully eliminate the cost burden of colonoscopy colorectal cancer screening by waiving cost-sharing for the screening portion of colonoscopies in the event that they turn therapeutic and a polyp is removed.”

The greatest benefit of colonoscopy is removing polyps that are discovered during screening and by so doing, significantly decreasing the risk for later cancer development. Converting a screening procedure that is fully covered by insurance with no cost-sharing, to one that does require cost-sharing by the patient after a polyp is found, is both a barrier to screening and inconsistent with the goal of the preventive services provision. The patient who has a polyp removed is the one who benefits the most from the exam and imposing a financial “penalty” could deter the patient from getting screened.

The ACA is designed to help make health and wellness prevention services affordable and accessible to Americans by requiring health plans to cover preventive services and by eliminating cost-sharing. Effective September 23, 2010, new health plans will be required to cover recommended preventive services without charging a copay, co-insurance or a deductible. A list of covered services can be found on www.healthcare.gov. Preventive services with a grade A or B rating by the U.S. Preventive Services Task Force will be covered under these rules, including colorectal cancer screening tests using a fecal occult blood test, colonoscopy, or sigmoidoscopy, which all have a grade A rating for adults over age 50. While the ACA only requires new plans to remove cost-sharing for screening, the ASGE and the Colorectal Cancer Coalition hope that existing plans will also adopt this new cost-sharing policy to maintain equity in care.

“The primary goal of colorectal cancer screening is prevention. The choice of colorectal cancer screening test is a very personal decision and one best decided upon by the individual in consultation with his or her health care provider. We will work to ensure that the individual’s choice of screening method is based on guidance from his or her physician and is not compromised by inequitable reimbursement rates,” said Carlea Bauman, president, Colorectal Cancer Coalition. “It is also important that efforts continue to improve screening access for historically underserved populations to reduce the higher incidence of colorectal cancer observed in these groups.”

About Colorectal Cancer

A report released by leading cancer groups in 2009 showed that from 1975 to 2000, colorectal cancer incidence rates dropped 22 percent and death rates dropped 26 percent. The decline reflects the impact of increased colorectal cancer screening, changes in lifestyle and diet, and improved treatments. Unfortunately, approximately 50,000 people still die each year from colorectal cancer.

ASGE screening guidelines recommend that, beginning at age 50, asymptomatic men and women at average risk for developing colorectal cancer should have a colonoscopy every 10 years. People with risk factors, such as a family history of colorectal cancer, should begin screening at an earlier age. Patients are advised to discuss their risk factors with their physician to determine when to begin routine colorectal cancer screening and how often they should be screened. Screening for colorectal cancer is so important because colorectal cancer is often present in people without symptoms. ASGE and the Colorectal Cancer Coalition encourage people to speak to their physicians about an appropriate screening schedule and which screening method is best for them.

For more information about colorectal cancer screening or to find a qualified physician, visit ASGE's colorectal cancer awareness website at www.screen4coloncancer.org. To get involved in colorectal cancer advocacy and research, log on to the Colorectal Cancer Coalition’s website at www.FightColorectalCancer.org.

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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 11,000 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 the Colorectal Cancer Coalition

The Colorectal Cancer Coalition is a nonprofit, nonpartisan advocacy organization seeking to eliminate suffering and death due to colorectal cancer. C3 pushes for research to improve screening, diagnosis and treatment of colorectal cancer; advocates for policy decisions that make the most effective colorectal cancer prevention and treatment available to all; and works to increase awareness that colorectal cancer is preventable, treatable and beatable.

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.