

January 29, 2026

Dr. Mehmet Oz
Administrator
Center for Medicare and Medicaid Services
200 Independence Ave. SW
Washington, DC 20001

Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Ave. SW
Washington, DC 20001

To Secretary Kennedy and Administrator Oz:

On behalf of the colorectal cancer (CRC) advocacy community, we write to share the patient perspective on a critical barrier to preventive care: the out-of-pocket costs patients may face for high quality colonoscopy bowel preparation (prep) medications. These costs can impede access to life-saving colorectal cancer screening, and we encourage the Centers for Medicare and Medicaid Services (CMS) to clarify its guidance on bowel prep coverage to ensure all FDA-approved bowel prep medications meeting medical efficacy standards are covered without patient cost-sharing for all screening colonoscopies and follow-up colonoscopies after an abnormal non-invasive screening test.

CRC remains the second leading cause of cancer death in the United States despite being largely preventable through screening, yet one in three adults in the U.S. are not up to date with their recommended CRC screening¹. CMS beneficiaries are fortunate to have access to many options for colorectal cancer screening including non-invasive screening tests, but non-invasive screening tests still require a follow-up colonoscopy after an abnormal result to be considered a complete colorectal cancer screening. Multiple factors, such as cost, time off work, hesitancy about invasive procedures and the bowel prep continue to be key barriers that stand in the way of more patients getting screened or completing a follow-up colonoscopy after an abnormal non-invasive test.

These challenges are particularly pronounced in rural communities, where cost and lack of insurance coverage are the most commonly cited barriers to screening, and bowel prep is frequently noted as a major deterrent². When patients cannot access the most tolerable and effective bowel prep options due to cost-sharing requirements, the result is lower screening uptake, suboptimal bowel prep quality, missed polyps, and unnecessary repeat procedures, all of which contribute to increased health system costs and more preventable cancer diagnoses. Removing these barriers to screening is especially urgent given the rising CRC incidence in younger adults, disproportionately low screening rates among those aged 45–49, and the heightened burden of CRC among working-class, rural, and ethnic minority populations.³

Bowel prep is an integral part of the colonoscopy procedure, and CMS's 2016 guidance affirms that bowel preparation medication for a screening colonoscopy should be covered without cost-sharing under the Affordable Care Act's (ACA) preventive services mandate.⁴ However, only 17% of Medicare beneficiaries currently receive prep medications without out-of-pocket costs, largely due to non-compliance from Pharmacy Benefit Managers.⁵ According to a 2024 Colon Cancer Coalition survey, 86% of patients identified bowel prep as the worst part of the colonoscopy, and 49% cited the inability to complete the bowel prep as the greatest challenge—ahead of fears about the results, taking time off, or arranging transportation. The same survey found that 75% of patients were not offered a choice of bowel prep options, despite bowel prep hesitancy being driven largely by taste (53%) and

¹ Siegel RL, Wagle NS, Cercek A, Smith RA, Jemal A. Colorectal cancer statistics, 2023. *CA: A Cancer Journal for Clinicians*. 2023;73(3):233-254. doi:[10.3322/caac.21772](https://doi.org/10.3322/caac.21772)

² Wang H, Roy S, Kim J, Farazi PA, Siahpush M, Su D. Barriers of colorectal cancer screening in rural USA: a systematic review. *Rural and Remote Health*. 2019;19(3). doi:10.22605/RRH5181

³ Siegel RL, Wagle NS, Cercek A, Smith RA, Jemal A. Colorectal cancer statistics, 2023. *CA: A Cancer Journal for Clinicians*. 2023;73(3):233-254. doi:[10.3322/caac.21772](https://doi.org/10.3322/caac.21772)

⁴ https://www.cms.gov/ccio/resources/fact-sheets-and-faqs/downloads/faqs-31_final-4-20-16.pdf

⁵ Shah, Eric D. et al. "Out-of-Pocket Costs for Colonoscopy Preparation Persist Despite Affordable Care Act Mandate: Insights From a Large Real-World Dataset." *Gastroenterology* 169, no. 5 (2025): 1033-1035.e1. <https://doi.org/10.1053/j.gastro.2025.05.025>.

volume (47%).⁶ To ensure effective screening, patients should have access to the full range of FDA-approved bowel prep medications in order to select the one that is right for them, in consultation with their provider, without cost concerns influencing the decision or care.

In 2015, CMS rulemaking affirmed the agency's authority to issue sub-regulatory guidance clarifying that "reasonable medical management" techniques must not impose inappropriate cost-sharing.⁷ Based on this precedent, we respectfully urge CMS to:

- **Restate and strengthen their 2016 guidance** to explicitly specify that all FDA-approved colonoscopy preparations meeting medical efficacy standards must be covered without cost-sharing when prescribed for screening, including for follow-up colonoscopies after a non-invasive screening test;
- **Enforce compliance with this requirement across plans under CMS jurisdiction**, consistent with the preventive services mandate.

Preventive services like CRC screening are essential to improving public health, lowering long-term costs, and saving lives. Preventive care works only when it is truly accessible. For colorectal cancer, the second deadliest cancer, we have the tools to save lives, but only if patients have access to them. By eliminating cost barriers to bowel prep medications, CMS can help ensure that no one delays or avoids screening because of affordability concerns.

We commend your commitment to preventive care and urge swift action to remove this unnecessary barrier to lifesaving colorectal cancer screening. Together, we can make a meaningful difference in the fight against this disease.

Sincerely,

Fight Colorectal Cancer
American Gastroenterological Association
American Society for Gastrointestinal Endoscopy
American Society of Colon & Rectal Surgeons
California Colorectal Cancer Coalition
Cheeky Charity
Collaborative Group of the Americas on Inherited Gastrointestinal Cancer (CGA-IGC)
Colon Cancer Coalition
Colon Cancer Prevention Project
Colon Cancer Stars
Colorectal Cancer Alliance
Colorectal Cancer Equity Foundation
Crohn's & Colitis Foundation
Digestive Disease National Coalition
FORCE: Facing Our Risk of Cancer Empowered
GH Foundation
Global Colon Cancer Association
Hitting Cancer Below the Belt
Man Up To Cancer
Nevada Cancer Coalition
ONE CANCER PLACE
Paltown Development Foundation/Colontown
Ruesch Center for the Cure of GI Cancers

⁶ Calderwood, Audrey H. MD, MS1; Rex, Douglas MD2; Halberg, Daniel L. PhD3; Swanson, Andrew4; Le, Casey5; Evans, Chris5; Peterson, Erin5,*. S488 Bowel Preparation Hesitancy Identified as Biggest Barrier to Screening Colonoscopy: Results from a Large Online Survey of Patients Who Complete Colonoscopy. The American Journal of Gastroenterology 119(10S):p S341-S342, October 2024. | DOI: 10.14309/01.ajg.0001031320.73104.3b

⁷ <https://www.federalregister.gov/documents/2015/07/14/2015-17076/coverage-of-certain-preventive-services-under-the-affordable-care-act#p-49>

The Blue Hat Foundation, Inc
The Gloria Borges WunderGlo Foundation
United Ostomy Associations of America, Inc.