



AMERICAN SOCIETY FOR GASTROINTESTINAL ENDOSCOPY

Colorectal cancer, although preventable, is the second leading cause of cancer death in the United States. Removing barriers to screening saves lives and health care costs.

REMOVE BARRIERS TO COLORECTAL CANCER SCREENING

ISSUE OVERVIEW: Colonoscopy is a unique preventive service that allows for the detection of colorectal cancer and the removal of precancerous polyps *during* the screening procedure, thereby preventing cancer.

Under Medicare, screening colonoscopy is a covered preventive service without beneficiary cost sharing. However, current law holds Medicare beneficiaries responsible for paying coinsurance when a colorectal cancer screening colonoscopy also involves the removal of polyps or other tissue during the screening encounter. This oversight in current law creates a financial barrier to colorectal cancer screening for Medicare beneficiaries.

Current policy is unfair and confusing to Medicare patients. Cost to Medicare beneficiaries of polyp removal during a screening is considerable (~ \$100-\$350) and can serve as a screening deterrent. The Centers of Disease Control and Prevention reports that about one-third of adults aged 50 or older (about 22 million people)—the age group at greatest risk of developing colorectal cancer—have not been screened as recommended. Current law disproportionately affects lower income beneficiaries because they are most likely to lack supplemental insurance coverage to defray the expense of these unexpected out-of-pocket costs. This population also has the lowest colorectal cancer screening rates.

Recognizing that polyp removal is integral to colorectal cancer screening colonoscopy, the Department of Health and Human Services clarified on Feb. 20, 2013 that under the Affordable Care Act, a private health plan or issuer cannot impose cost sharing when a polyp is removed during a colonoscopy that is performed as a screening. Beneficiaries should not be disproportionately disadvantaged by Medicare's current cost-sharing policy; a policy change is needed.

LEGISLATIVE ASK:

Cosponsor and support passage of the "Removing Barriers to Colorectal Cancer Screening Act" (S. 668 and H.R. 1570) that would waive beneficiary cost-sharing when a screening colonoscopy requires the removal of a potentially precancerous polyp.

For more information or to cosponsor, please contact:

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