Dear Chairman Neal, Chairman Pallone and Chairman Scott:

For nearly eight years, the American Society for Gastrointestinal Endoscopy (ASGE) has been advocating to fix an oversight in law that requires Medicare beneficiaries to foot the bill for their colorectal cancer screening colonoscopy when the physician removes a precancerous polyp or small cancer. The “Elijah E. Cummings Lower Drug Costs Now Act” (H.R. 3), will ensure that, in the future, Medicare beneficiaries are not stuck with a bill after their preventive colonoscopy. ASGE strongly supports Section 805 of the bill, and your efforts overall to help our nation’s seniors by making the cost of their medications more affordable.

Colorectal cancer is a preventable cancer thanks to effective screening tools. Yet, the Centers for 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. Fixing the cost-sharing glitch will eliminate a deterrent to screening colonoscopy, especially for lower income beneficiaries who have among the lowest colorectal cancer screening rates.

ASGE also strongly supports Section 807 of the bill which would provide a 0.5 percent Medicare physician payment update in 2020 and 2021. Because of the lack of specialty-oriented alternative payment models (APMs), there has not been an opportunity for gastroenterologists to migrate from the Merit-based Incentive Payment System to APMs that offer bonus payments and greater upside potential. Therefore, the need to maintain positive payment updates for MIPS participants is essential at this time.

On behalf of ASGE’s members and their patients, thank you for your leadership on behalf of America’s physicians and their patients.

Sincerely,

John. J. Vargo, II, MD, MPH, FASGE
President
American Society for Gastrointestinal Endoscopy