ACS CAN Supports H.R. 1570 and S. 668 - The Removing Barriers to Colorectal Cancer Screening Act

Background

Colorectal cancer is one of the few cancers that can be completely prevented through screening. Polyps, or abnormal precancerous growths, can be detected during the screening process and entirely removed, thereby stopping any cancer formation. Regular screening is the most effective way of detecting precancerous growths and early colorectal cancer. Cancers that are found at an early stage can be treated more easily, and lead to greater survival.[1] Yet colorectal cancer remains the second leading cause of cancer death in men and women combined in the U.S.[2] This year approximately 145,600 Americans will be diagnosed with colorectal cancer and over 51,000 of them will die from the disease. The majority of those diagnosed will be Medicare beneficiaries. Although incidence and mortality rates are steadily declining in adults 55 years of age and older due, in part, to increased screening rates, there are still obstacles that prevent Americans from getting screened.

Research shows that patient out-of-pocket costs create financial barriers that discourage the use of recommended preventive services,[3,4,5] particularly for those with lower incomes,[6] whereas the elimination of these out-of-pocket costs increases utilization.[7,8] Medicare beneficiaries can be particularly vulnerable to cost sharing, as approximately 34 percent of Medicare beneficiaries are under 200 percent of the federal poverty level (FPL)[9] and are on limited incomes. Barriers to preventive care lead to poorer health outcomes and increased health care costs.

Medicare Coinsurance for Colorectal Cancer Screening Colonoscopy

Approximately 90 percent of all individuals diagnosed with colorectal cancer at an early stage are still alive five years later, which means that a colonoscopy can literally save a person's life when a polyp is found and removed.[10] Colonoscopy has an A-rating from the United States Preventive Services Task Force (USPSTF), requiring most private insurers to provide *screening* colonoscopies for individuals between the ages of 50 and 75 without cost sharing. However, regulations currently require Medicare beneficiaries to pay a 20 percent coinsurance for colonoscopies if a polyp is removed. This loophole places an unfair financial burden on Medicare beneficiaries, but not adults with private insurance, for this life-saving screening.

When seniors on Medicare go in for a screening colonoscopy they assume there is no cost sharing because it is a screening procedure. However, if a polyp is detected and removed during the procedure, the patient may face a surprise bill. This is because the removal of a polyp changes the designation of the colonoscopy from a screening to a diagnostic procedure and Medicare beneficiaries are required to pay a 20 percent coinsurance. A colonoscopy with polyp removal could cost a Medicare beneficiary as much as $365, depending on the removal procedure and facility used.[11] Out-of-pocket expenses for Medicare beneficiaries can be important deterrents to screening.

Fixing the Medicare loophole for polyp removal during a screening colonoscopy is critical for many reasons:

- An estimated **$14 billion is spent annually** on colorectal cancer treatments in the U.S., and projected to increase to **$20 billion by 2020.** Medicare pays as much as half of the cost.[12]
- Treatment costs for an individual with stage IIB colorectal cancer can **exceed $240,000 a year**.[13]
- Preventing colorectal cancer through polyp removal or catching cancer at an earlier stage saves lives and can reduce costs for the Medicare program and seniors.
- Cost sharing for polyp removal during a screening colonoscopy may discourage patients from getting their screening altogether.
- A recent study estimated that **58 percent of all colorectal cancer deaths in 2020 will be due to "non-screening"** – this means that thousands of colorectal cancer deaths could be avoided if people are screened according to ACS and USPSTF recommendations.[14]

ACS CAN's Position

ACS CAN supports **H.R. 1570 and S. 668 – the Removing Barriers to Colorectal Cancer Screening Act** Representatives Donald Payne, Jr. (D-NJ-10) & Rodney Davis (R-IL-13) and Senators Sherrod Brown (D-OH) & Roger Wicker (R-MS). Eliminating the surprise bill associated with polyp removal during screening colonoscopy could increase the number of Medicare beneficiaries being screened for this devastating disease. Passing the ***Removing Barriers to Colorectal Cancer Screening Act*** would eliminate the unexpected cost, and remove the financial disincentives that prevent people from getting this life-saving cancer screening. By passing this Act, Congress could help increase screening rates among seniors and reduce death and suffering from colorectal cancer.

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