

ACS CAN Supports H.R. 1017 and S. 479 - 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 over 140,000 Americans will be diagnosed with colorectal cancer and over 50,600 of them will die from the disease. The majority of those diagnosed will be Medicare beneficiaries. Over 1,500 health-related organizations, led by the American Cancer Society (ACS), have committed to increase the nation's colorectal cancer screening rate to 80 percent of eligible individuals by the year 2018. Over 200,000 lives could be saved if this goal is met.³ To achieve this goal, we must remove the obstacles that prevent Americans from getting screened.

Research shows that out-of-pocket costs to patients creates financial barriers that discourage the use of recommended preventive services,^{4,5,6} particularly for those with lower incomes. 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)⁷ 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.⁸ 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 a Medicare beneficiary goes in for a screening colonoscopy they are led to believe there will be no copays. However, if a polyp is detected and removed during the procedure, the patient may wake-up from the procedure with a surprise bill. Colorectal cancer is unique in that a person can be spared a cancer diagnosis if a polyp is found early and removed. Unfortunately, Medicare beneficiaries continue to receive bills for the 20 percent coinsurance – a lot of money when you are on a fixed income. A colonoscopy with polyp removal could cost a Medicare beneficiary as much as \$350, depending on the removal procedure and facility used.⁹ 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, with projections increasing to **\$20 billion by 2020**, with Medicare bearing as much as half of the cost.¹⁰
- Treatment costs for an individual with stage IIB colorectal cancer could **exceed \$240,000 a year**.¹¹
- Preventing colorectal cancer through polyp removal or catching cancer at an earlier stage saves lives and can reduce costs for the Medicare program.
- 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.¹²
- Cost sharing for polyp removal during a screening colonoscopy may discourage patients from getting their screening altogether.

ACS CAN’s Position

ACS CAN supports **H.R. 1017 and S. 479 – the Removing Barriers to Colorectal Cancer Screening Act** sponsored by Representative Charlie Dent (R-PA-15) and Senator Brown (D-OH). 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 would help increase screening rates among seniors and reduce death and suffering from colorectal cancer.

¹ American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2017-2018. Atlanta: American Cancer Society; 2017.

² American Cancer Society. Cancer Facts and Figures 2018. Atlanta: American Cancer Society; 2018.

³ Meester RG, Doubeni CA, Zauber AG, et al. Public health impact of achieving 80% colorectal cancer screening rates in the United States by 2018. *Cancer*. 2015; 121(13):2281-85. doi: 10.1002/cncr.29336.

⁴ Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50.

⁵ Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71.

⁶ Trivedi AN, Rakowski W, Ayanian JA. Effect of cost sharing on screening mammography in Medicare health plans. *N Eng J Med*. 2008; 358: 375-83.

⁷ The Henry J. Kaiser Family Foundation. Distribution of Medicare beneficiaries by federal poverty level. Published March 2016. Accessed January 2018. <http://kff.org/medicare/state-indicator/medicare-beneficiaries-by-fpl/?currentTimeframe=0>.

⁸ American Cancer Society. Cancer Facts and Figures 2018. Atlanta: American Cancer Society; 2018.

⁹ Cost estimates provided by The American Gastroenterological Association.

¹⁰ Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *J Natl Cancer Inst*. 2011; 103(2):117-28.

¹¹ The American Cancer Society Cancer Action Network. *The costs of cancer: addressing patient costs*. Published April 11, 2017. Accessed January 2018. <https://www.acscan.org/sites/default/files/Costs%20of%20Cancer%20-%20Final%20Web.pdf>.

¹² Meester RGS, Doubeni CA, Lansdorp-Vogelaar I, et al. Colorectal Cancer Deaths Attributable to Nonuse of Screening in the United States. *Annals of epidemiology*. 2015;25(3):208-213.e1. doi:10.1016/j.annepidem.2014.11.011.