Colorectal Cancer and the Health Care Law

Ensuring access to evidence-based early detection tools

Each year, an estimated 136,000 people in America will be diagnosed with colorectal cancer and 50,000 will die from the disease, making it the second leading cause of cancer deaths in men and women combined. The disease is easily preventable through the removal of precancerous polyps, which are detectable only through screening. When colorectal cancer is detected and treated early, survival is greatly enhanced. Yet, only 39 percent of colorectal cancers are diagnosed while the disease is still in the localized stage.

If the majority of men and women aged 50 or older participated in routine screening for colorectal cancer, we could cut the risk of death by 50 percent. But too few Americans have access to colorectal cancer screening tests. Today, nearly 60 percent of the U.S. population aged 50 and older is regularly screened. However, among those without health coverage, the screening rates drop to only about 19 percent.

Ensuring access to evidenced-based cancer screenings and quality treatment is critical to the fight against colorectal cancer.

Highlights of Colon Cancer Screening in the Health Care Law

The health care law improves coverage for evidence-based colorectal cancer prevention and treatment by requiring commercial health insurance plans and Medicaid programs for newly eligible individuals to cover recommended colorectal cancer screening tests (fecal occult blood testing, sigmoidoscopy, or colonoscopy) for adults beginning at age 50 continuing until age 75, as well as other recommended preventive services, at no cost to patients.

The removal of a polyp during a screening colonoscopy has caused confusion about whether a patient will have to pay a portion of the cost of the procedure. ACS CAN strongly believes polyp removal is part of routine screening and therefore should be administrated at no cost to the patient. The U.S. Department of Health and Human Services issued guidance in 2013 stating that polyp removal is part of routine screening and therefore should be administered at no cost to patients with commercial health insurance plans. However some patients are still being charged for screening when a polyp is removed despite the clarification. Additionally, the health care law did not eliminate the co-pay for patients in the Medicare program if a polyp is removed during a screening colonoscopy. Further Medicaid programs based on eligibility categories that pre-dated the law are not required to cover any preventive services at all, except for tobacco cessation services for pregnant women. Twenty-five states have not increased access to Medicaid, leaving nearly 6 million Americans without access to affordable health care coverage. These costs and lack of coverage can be a major barrier to adults getting screened for colorectal cancer.

Provisions of the health care law:

- Ensure that individuals with a history of colorectal cancer are no longer denied coverage because of a pre-existing condition. *(Effective beginning 2014 for most plans)*
- Prohibit the sudden discontinuation of coverage because a patient is diagnosed with colorectal cancer or another health condition. *(Effective 2014)*
- Prohibit the use of annual and lifetime dollar limits on coverage that leave cancer patients without health insurance. *(Effective 2014)*
- Require all commercial health insurance plans and the Medicaid programs for newly eligible individuals cover colorectal cancer screening tests (fecal occult blood testing, sigmoidoscopy, or colonoscopy including when a polyp is removed) for all adults beginning at age 50 and continuing until age 75 at no cost to the patient. (*new Medicaid plans and most group and individual plans required to comply as of January 1, 2014*)
- Ensure that colorectal cancer screening tests, except when a polyp is removed during a screening colonoscopy, are administered at no cost to patients in the Medicare program. Patients can be charged a co-pay if a polyp is removed during a screening colonoscopy.
- Create a national prevention and public health fund to expand and sustain national investment in prevention and public health programs, including health screenings

Implications for the American Cancer Society and American Cancer Society Cancer Action Network (ACS CAN)

- ACS CAN is working to ensure that critical provisions of the health care law work as intended to improve patient access to quality health care.
- ACS CAN will work with Congress and the Secretary of Health and Human Services to ensure all colorectal cancer screenings, regardless of polyp removal, are administered at no to cost to patients in the Medicare program and commercial health insurance plans.
- ACS CAN will work with Congress, the Secretary of Health and Human Services (HHS Secretary), and state Medicaid programs to ensure all recommended preventive services, regardless of diagnosis, are offered and administered at no cost to patients in Medicaid programs based on eligibility categories that pre-dated the law and Medicaid programs that serve newly eligible individuals.
- ACS CAN will continue to fight for state and federal funding for colorectal cancer screening and treatment programs, which provide a critical service to medically underserved men and women.
- ACS CAN places high priority on public policies that help reduce health disparities by confronting the sources of illness before they develop and detecting diseases such as cancer early, when it is easier to survive and less expensive to treat.