

Removing Barriers to Colorectal Cancer Screening Act

H.R. 1220 and S. 624



Sponsors:

Representative Charlie Dent (R-PA-15) and Senator Brown (D-OH)

Background

Colorectal cancer is one of the few cancers that can be completely prevented through preventive screening, yet it remains the third leading cause of cancer death in both men and women in the U.S. This year almost 135,000 Americans will be diagnosed with colorectal cancer and almost 50,000 of them will die, many needlessly. Over 500 health-related organizations, led by the American Cancer Society, have committed to increase the nation's colorectal cancer screening rate to 80% of eligible individuals by the year 2018. To achieve this goal, we must remove the obstacles that prevent Americans from getting tested.

Research shows that cost sharing creates financial barriers that discourage the use of recommended preventive services. Low-income individuals especially are more price sensitive compared to others. Higher co-payments tend to make it harder for low-income patients to access prevention services. Barriers to preventive care lead to poorer health outcomes and increased health care costs.

Medicare Coinsurance for Colorectal Cancer Screening Colonoscopy

The Affordable Care Act (ACA) eliminated the Medicare Part B deductible and coinsurance requirement for routine screening tests that receive an "A" or "B" rating from the United States Preventive Services Task Force (USPSTF). For individuals between ages 50 and 75, colonoscopy has an A-rating from the USPSTF, which means that colonoscopies for those individuals should be given without cost-sharing because of the proven public health benefits.

Despite the changes made by the health care law, Medicare continues to require beneficiaries to pay the 20% co-insurance (patient cost could be more than \$300) when a polyp or abnormal growth is removed during the screening procedure. For seniors relying on Medicare for their health coverage, this copay charge, which they generally receive unexpectedly after having a colonoscopy in which a polyp is discovered, acts as a serious disincentive.

Recognizing that polyp removal is integral to a screening colonoscopy, federal agency interpretation of ACA provisions related to private health insurance coverage clarified that private health insurance plans cannot impose cost sharing when a polyp is removed during a colonoscopy that is performed as a screening. However, in an August 7, 2014 letter, HHS Secretary Sylvia Burwell advised that the administration does not have the authority to eliminate Part B coinsurance requirements in the Medicare program. Instead, only Congress has the authority to do so through the enactment of new legislation.

Passing the Removing Barriers to Colorectal Cancer Screening Act (H.R. 1220 and S. 624) would eliminate this unexpected cost, and remove the financial disincentives that prevent people from getting their cancer screening. By removing this financial barrier, Congress would help increase screening rates among seniors and reduce death and suffering from colorectal cancer.