

Removing Barriers to Colorectal Cancer Screening Act

The *Removing Barriers to Colorectal Cancer Screening Act* would:

- Waive cost-sharing for preventive colonoscopies even if a polyp or tissue is removed, and
- Align cost-sharing for Medicare beneficiaries with that of privately-insured patients.

Colorectal Cancer is the Second Leading Cause of Cancer Death:

Colorectal cancer is the second leading cause of cancer death among men and women combined in the United States. In 2019, more than 145,600 Americans will be diagnosed with colorectal cancer, and approximately 51,000 will die from the disease. Medicare-aged individuals account for two-thirds of colorectal cancer diagnoses. Mortality rates are highest among men, African Americans, and American Indians/Alaska Natives, and in Southern and Midwestern states. Factors that contribute to the geographic disparities in colorectal cancer include regional variations in risk factors and access to screening and treatment.

Colorectal Cancer Can Be Prevented:

If caught early, colorectal cancer can be cured or even prevented. The most effective preventive action is a screening colonoscopy, which allows for the early detection and removal of tissue that could become cancerous. This procedure is credited with accelerating the decline of colorectal cancer rates since the early 2000s. Due to its effectiveness, this screening received an “A” rating from the U.S. Preventive Services Task Force.

Seniors Have Access to Cancer Screenings, but there is a Glitch:

Under current law, seniors covered by Medicare are eligible for fully-covered colorectal cancer screenings. However, if a physician takes a further preventive action – like removing a polyp – during the screening, the procedure becomes a “treatment” rather than a “screening.” When this happens, Medicare patients face an unexpected charge (approximately \$100-300 depending on site of service) after the screening procedure. Because it is impossible to know in advance if a polyp will be discovered and removed during a screening colonoscopy, Medicare beneficiaries do not know whether or not their screening will be fully covered until the procedure is over. The potential for a surprising financial burden as a result of this glitch in Medicare payment policy may lead Medicare beneficiaries to avoid this highly effective method of colorectal cancer prevention.

This policy is counter to the intent of the law and is confusing to both providers and patients. In fact, when private insurers ran into this discrepancy, the U.S. Department of Health and Human Services clarified that the removal of the polyp is an integral part of the screening process and must be covered in full. By making this commonsense fix to Medicare law, we can improve health outcomes and save money for seniors and their families.

The *Removing Barriers to Colorectal Cancer Screening Act* would ensure that preventive colorectal cancer screenings are fully covered by waiving Medicare’s cost-sharing requirement for preventive colonoscopies, even if a polyp or tissue is removed.

Endorsing organizations include AARP, the American Association of Nurse Anesthetists, the American Cancer Society Cancer Action Network, Fight Colorectal Cancer, the American College of Surgeons Commission on Cancer (CoC), the American Gastroenterological Association, the American Medical Association, the American Society for Gastrointestinal Endoscopy, the Digestive Health Physicians Association, and the National Patient Advocate Foundation.

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