

United States Senate

WASHINGTON, DC 20510

September 29, 2015

Andrew M. Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W
Washington, DC 20201

Dear Mr. Slavitt:

As longstanding proponents of improving colorectal cancer screening rates among Medicare beneficiaries, we write regarding the Medicare payment cuts to colonoscopy services included in the 2016 Physician Fee Schedule (PFS) proposed rule. Our shared goal is to reduce barriers to colorectal cancer screening, consistent with the Department of Health and Human Services (HHS)'s collaborative goal of achieving 80 percent screening rates for the recommended population by 2018 ("80% by 2018"). As you know, colorectal cancer screening is unique in that precancerous polyps found during a screening colonoscopy can be removed during the same visit, preventing the progression to colorectal cancer.

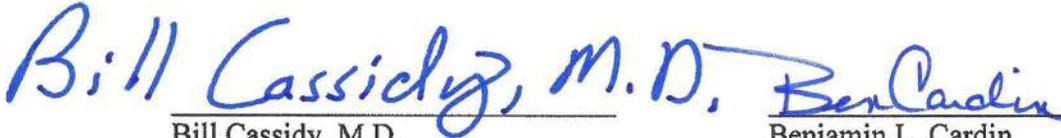
According to the American Cancer Society, colorectal cancer incidence rates in the United States have dropped by more than 30 percent over the past decade – this significant decline has been largely attributed to the detection and removal of precancerous polyps as a result of increased colorectal cancer screening. However, colorectal cancer is still the second leading cause of cancer-related death in the United States, and more must be done to promote screening among Medicare beneficiaries, who are at increased risk of colorectal cancer.

Medicare beneficiaries account for two-thirds of the more than 133,000 new cases of colorectal cancer each year, according to the U.S. Centers for Disease Control and Prevention (CDC). A recent study published in the *New England Journal of Medicine* concludes that removing precancerous polyps through colonoscopy can not only reduce the risk of colorectal cancer but also reduce the number of deaths from the disease by 53 percent. It is imperative that we continue to increase access to and utilization of services such as colorectal cancer screening, which have been historically underutilized and have the potential to save lives.

Under the 2016 PFS proposed rule, Medicare fee for service reimbursement for colorectal cancer screening and colonoscopy would be reduced by 10 to 20 percent next year. We are concerned that these reductions could jeopardize recent progress. Accordingly, we hope you will carefully consider stakeholder comments on the proposed rule before determining whether cuts of this magnitude are justified by the evidence and in the interests of Medicare beneficiaries.

Thank you in advance for your consideration. We look forward to working with you to ensure that Medicare beneficiaries continue to have access to colorectal cancer screenings to further reduce colorectal cancer incidence and mortality.

Sincerely,



Bill Cassidy, M.D.
United States Senator

Benjamin L. Cardin
United States Senator



Thad Cochran
United States Senator



Barbara A. Mikulski
United States Senator



Richard Burr
United States Senator



Charles E. Schumer
United States Senator



Roy Blunt
United States Senator



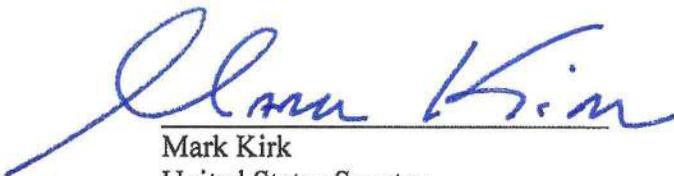
Sherrod Brown
United States Senator



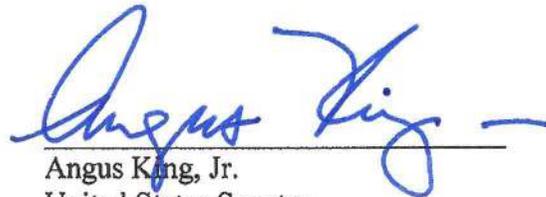
David Vitter
United States Senator



Jeanne Shaheen
United States Senator



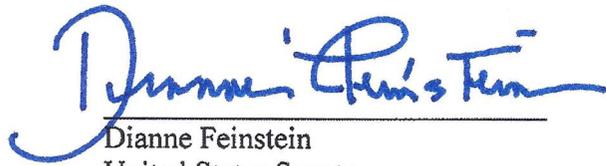
Mark Kirk
United States Senator



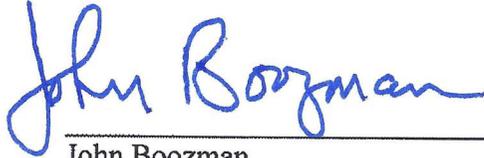
Angus King, Jr.
United States Senator



Roger Wicker
United States Senator



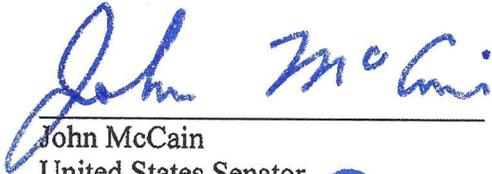
Dianne Feinstein
United States Senator



John Boozman
United States Senator



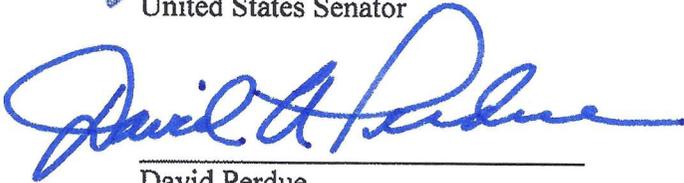
Kirsten Gillibrand
United States Senator



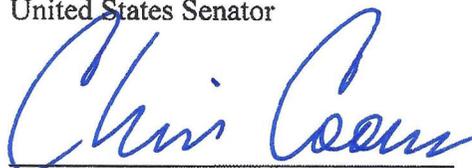
John McCain
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Debbie Stabenow
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David Perdue
United States Senator



Christopher A. Coons
United States Senator



Kelly Ayotte
United States Senator



Gary Peters
United States Senator



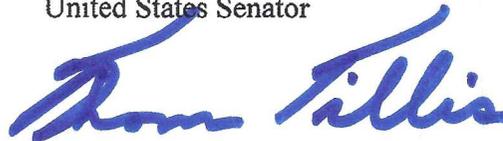
Lindsey Graham
United States Senator



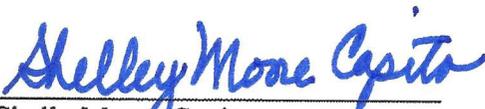
Jeffrey A. Merkley
United States Senator



Johnny Isakson
United States Senator



Thom Tillis
United States Senator



Shelly Moore Capito
United States Senator