

Removing Barriers to Colorectal Cancer Screening Act (H.R. 1017, S. 479)

FACT SHEET | OCTOBER 2017

Protect Access to Colorectal Cancer Screening

The Digestive Health Physicians Association strongly supports the Removing Barriers to Colorectal Cancer Screening Act (H.R. 1017, S. 479), bipartisan legislation to remove financial barriers to life-saving colorectal cancer screenings and treatment for Medicare beneficiaries. The legislation, introduced by Congressmen Dent (R-PA-15), Payne (D-NJ-10) and Lance (R-NJ-7) as well as Senators Brown (D-OH), Wicker (R-MS), Cardin (D-MD) and Collins (R-ME) enjoys broad, bipartisan support in both chambers.

Currently, seniors are not charged coinsurance for a routine colonoscopy screening. However, if a polyp is discovered during the screening and removed, which is the appropriate standard of care, seniors face paying high coinsurance fees. This occurs because the removal of the polyps or tissue triggers a change in the classification of the service provided from a "screening" service to a "therapeutic" or "diagnostic" service under Medicare's billing codes. Thus, patients are often surprised by these out-of-pocket costs for what ends up being a potentially life-saving, medically necessary procedure.

This important legislation seeks to fix that glitch and close the loophole by waiving cost sharing under Medicare for preventive colonoscopies, even if a polyp or tissue is removed. Colorectal cancer is the second leading cause of cancer death in the United States. But it is also one of the most preventable forms of cancer. The Removing Barriers to Colorectal Cancer Screening Act is an important step in ensuring that all patients receive the appropriate preventive and diagnostic treatment for colorectal cancer.

In December of 2015, Health Affairs published a study regarding cost-sharing for therapeutic and screening colonoscopies in the Medicare population. The authors studied a new policy established by the Affordable Care Act that reduced out-of-pocket costs associated with colonoscopies for Medicare beneficiaries. They found that this policy significantly increased colonoscopy screening rates among the Medicare population – with particularly high increases among men with lower income and levels of education. This study strongly suggests that policies such as those contained in H.R. 1017 and S. 479, which reduce patients' financial burdens, have a meaningful impact on the reach of such services.

For more information, please visit www.dhpassociation.org/colonoscopy-bills

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