AMA
AMERICAN MEDICAL ASSOCIATION

JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

October 25, 2019

The Honorable Sherrod Brown
United States Senate
503 Hart Senate Office Building
Washington, DC 20510

Dear Senator Brown:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our support for S. 668, the "Removing Barriers to Colorectal Cancer Screening Act of 2019." By requiring Medicare to waive the coinsurance for colorectal screening tests, regardless of whether therapeutic intervention is required during the procedure, your legislation would ensure that seniors receiving colonoscopies that become diagnostic do not incur any cost-sharing for the procedures.

Colorectal cancer—cancer of the large intestine or rectum—is the second leading cause of cancer deaths among men and women combined in the U.S. While it is almost totally preventable through the use of recommended screening tests, thousands of people in the U.S. die each year from this cancer. Medicare pays for several types of colorectal screening tests, including colonoscopy, but one in three adults over 50 years of age are not up-to-date with recommended colorectal cancer screening. Colonoscopy, which allows for the removal of polyps and lesions during the procedure that could later turn into deadly cancers, is considered to be the best test for early detection and prevention of colorectal cancer.

Studies have shown that out-of-pocket costs can deter individuals from seeking recommended preventive screening tests. The Affordable Care Act (ACA) tried to address the low rates in the use of colorectal screening and other Medicare-covered preventive services by partially eliminating the cost-sharing that beneficiaries incur for such tests, e.g., Medicare Part B deductible and coinsurance requirements for routine screening tests that are given an "A" or "B" rating from the U.S. Preventive Services Task Force (USPSTF). Colonoscopy has an A rating from the USPSTF for individuals beginning at age 50 years and continuing until age 75 years. However, despite the ACA change in policy to encourage take-up of preventive screenings by making them cost-free, cost barriers to colonoscopy continue. Medicare continues to bill beneficiaries for a portion of the cost of the procedure when a "screening" colonoscopy becomes "diagnostic." This occurs when a polyp or abnormal growth is removed during the colonoscopy, or when a biopsy is done of suspicious-looking tissue. When this happens, although the Medicare Part B deductible is waived, beneficiaries are billed co-insurance of 20 percent of the cost of the procedure.

Unfortunately, this situation has led to much confusion and consternation among beneficiaries, who think they are going in for a fully-covered screening colonoscopy and then are surprised to later receive a bill for a portion of the costs. In contrast, under regulations issued to implement the ACA provisions on preventive screenings covered by private insurance coverage, polyp removal and tissue biopsy are considered to be an integral part of a colonoscopy and therefore patients incur no cost-sharing. Your legislation would treat colonoscopies covered by Medicare in the same fashion and would remove a

significant cost barrier that discourages Medicare beneficiaries from undergoing preventive—and potentially life-saving—colorectal cancer screenings.

Thank you for your leadership on this important health issue.

Sincerely,

James L. Madara, MD