Whereas, Colorectal cancer is the third most common cancer diagnosed in both men and women in the U.S., and the third-leading cause of cancer death in the state of Georgia; and

Whereas, Colorectal cancer is preventable and highly curable when found early; however about one in three adults still do not receive their recommended screenings; and

Whereas, Patients are more likely to complete colorectal screening when presented with options on the different screening modalities, including stool-based tests, by their health professionals; and

 Whereas, Colorectal cancer screening has received an A rating from the USPSTF and is a covered benefit under the Affordable Care Act (ACA); and

Whereas, Despite this benefit, patients still can be unexpectedly burdened by cost-sharing for a screening colonoscopy under three different scenarios: 1) when a polyp is detected and removed during a screening colonoscopy (in Medicare and “grandfathered” plans only), 2) when a colonoscopy is not classified as part of the screening continuum following a positive stool blood test, and 3) for patients with an increased risk and who require more frequent or early screening intervals (this applies to patients under 50 with an increased risk and or are over 50 and require more frequent intervals of screening); and

Whereas, National and state organizations and agencies, including the National Colorectal Cancer Roundtable (NCCRT) and the Georgia Office of Insurance and Safety Fire Commissioner have issued policy briefings and directives outlining the number of benefits for health professionals, health plans, and patients when all cost-sharing is removed; and

Whereas, While the Medical Association of Georgia (MAG), the American College of Physicians (ACP), Georgia Chapter, and the Georgia Colorectal Cancer Roundtable (GCCRT), acknowledge the health insurance companies, including those with both commercial and Medicare Advantage products lines, who have adopted policies that reduce cost-sharing that result from screening colonoscopies, ambiguity still exists regarding which situations will result in out of pocket expenses; and

Whereas, 75 percent of individuals who are not screened do have health insurance coverage, yet cite cost concerns as their primary reason for not being screened as shown in a national survey conducted by the Henry J. Kaiser Family Foundation where 20 percent of individuals cited they “postponed” preventive services due to cost; and
Whereas, The elimination of all cost-sharing for screening colonoscopies would contribute to reaching the 80 percent by 2018 goal in Georgia, preventing 468 premature deaths per year; therefore be it

RESOLVED, That the American Medical Association develop model national policy that supports the voluntarily removal of all cost-sharing associated with screening colonoscopies in all commercial and Medicare Advantage product lines and advocates for the adoption of these policies nationwide. (Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/24/17

RELEVANT AMA POLICY

Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans H-185.960
Our AMA supports health plan coverage for the full range of colorectal cancer screening tests. Res. 726, I-04; Reaffirmation I-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmed: Res. 123, A-17

Support for Coverage of the Consultation by a Physician Prior to Screening Colonoscopy D-330.950
Our AMA will support coverage under Medicare benefits for the consultation in advance of the procedure by a physician to evaluate the patient and discuss the need for screening, risks and benefits and preparation for colonoscopy. Res. 721, I-04; Reaffirmed: CMS Rep. 1, A-14; Reaffirmation: A-17