Whereas, in 2024, an estimated 153,000 cases of colorectal cancer (CRC) will be diagnosed in the United States, and a total of 53,010 people will die from this cancer; and

Whereas, while CRC incidence and mortality rates have been declining because, in part, of screening uptake among adults ages 50 years and older, rates have increased by 1-2 percent per year since the mid-1990s in those younger than 55 years of age; and

Whereas, when detected and treated early, the five-year survival rate for CRC is 90 percent; yet, early detection occurs in less than 40 percent of CRC cases; and

Whereas, the Affordable Care Act (ACA) requires that several CRC screening modalities, including colonoscopy, be covered without patient cost-sharing for eligible individuals by non-grandfathered group health plans and non-grandfathered group or individual health insurance coverage; and

Whereas, the Centers for Medicare and Medicaid Services recently reported 21.3 million consumers signed up for 2024 individual health insurance coverage through the Marketplaces, with nearly 65 percent of individuals between 18-54 years of age — the same demographic experiencing increased rates of CRC; and

Whereas, the U.S. Multi-Society Task Force on Colorectal Cancer recommends that asymptomatic individuals undergoing screening colonoscopy seek follow-up colonoscopy exams to evaluate for new polyps at specific intervals based on the findings of the exam, ranging between one to 10 years; and

Whereas, Medicare considers these additional, follow-up, or surveillance, colonoscopies as screening exams; and

Whereas, commercial insurers regulated by the ACA routinely treat a follow-up colonoscopy exam at an interval shorter than 10 years as a “diagnostic” service rather than screening or surveillance, even if a patient is asymptomatic; and

Whereas, clinical evidence indicates screening colonoscopy exams, including surveillance colonoscopies, and post-polypectomy follow-up play a critical role in reducing colorectal cancer incidence and death; and
Whereas, the U.S. Department of Health and Human Services (HHS) has the authority to issue written guidance that clarifies surveillance colonoscopy after an original screening colonoscopy that required polyp removal is part of the screening continuum and should therefore be covered without patient cost sharing as a preventive services benefit under the ACA; and

Whereas, more than 90 national and state medical societies and patient advocacy groups have asked HHS to use its existing regulatory authority make this policy clarification. And, in early 2024, 45 members of the U.S. House of Representatives sent a similar letter to HHS, also urging the same change; therefore be it

RESOLVED, that our American Medical Association Policy H-185.960, “Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans” be amended by addition to read as follows:

1. Our AMA supports health plan coverage for the full range of colorectal cancer screening tests.

2. Our AMA will seek to eliminate cost-sharing in all health plans for the full range of colorectal cancer screening and all associated costs, including colonoscopy that includes a “diagnostic” intervention (i.e. the removal of a polyp or biopsy of a mass), as defined by Medicare. To further this goal, the AMA will develop a coding guide to promote common understanding among health care providers, payers, health care information technology vendors, and patients.

3. Our AMA will seek to eliminate cost-sharing in all health plans for “follow-on” colonoscopies performed for colorectal cancer screening and all associated costs, defined as when other alternative screening tests are found to be positive.

4. Our AMA will seek to classify follow-up, follow-on, or surveillance, colonoscopy after an original screening colonoscopy that required polyp removal as a screening service under the Affordable Care Act preventive services benefit and will seek to eliminate patient cost sharing in all health plans under such circumstances.

(Modify Current HOD Policy)

Fiscal Note: TBD

Received: 4/24/2024

REFERENCES

2 Ibid.
7 Dec. 7, 2023 letter to Secretary Becerra, Acting Secretary Su and Secretary Yellen. https://files.constantcontact.com/11178001701/dad95981-10b9-4c83-86e3-1f0b4c741465.pdf?rdr=true
RELEVANT AMA POLICY

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Encourage Appropriate Colorectal Cancer Screening H-55.967
Our AMA, in conjunction with interested organizations and societies, supports educational and public awareness programs to assure that physicians actively encourage their patients to be screened for colon cancer and precursor lesions, and to improve patient awareness of appropriate guidelines, particularly within minority populations and for all high-risk groups.
CSAPH Rep. 8, A-23

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