

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 118
(A-24)

Introduced by: Texas

Subject: Public and Private Payer Coverage of Diagnostic Interventions Associated With Colorectal Cancer Screening and Diagnosis

Referred to: Reference Committee A

1 Whereas, the U.S. Preventive Services Task Force (USPSTF) recommends regular colorectal
2 cancer screening for average-risk people from ages 45 to 75; and
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4 Whereas, screening colonoscopies reduce the relative risk of colorectal cancer by 52% and the
5 risk of colorectal cancer-related death by 62%; and
6

7 Whereas, more than 40% of people over 50 have precancerous polyps in the colon; and
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9 Whereas, insurance companies may consider screening colonoscopies that included polyp
10 removal/biopsy as diagnostic colonoscopies and can charge the patient unexpected out-of-
11 pocket costs because of this change in designation; and
12

13 Whereas, out-of-pocket costs for diagnostic colonoscopy ranged from \$99 to \$231 for patients
14 with commercial or Medicare insurance, with additional costs when polypectomy was
15 performed; and
16

17 Whereas, USPSTF has stated that cost sharing may not be imposed for services that are an
18 integral part of colorectal screening, such as polyp removals and biopsies, as well as follow-up
19 colonoscopies after a positive stool-based screening test; and
20

21 Whereas, implementation of Medicaid expansion efforts were associated with a significant
22 increase in colorectal cancer screening, early-stage diagnoses, and overall survival; therefore
23 be it
24

25 RESOLVED, that our American Medical Association advocate (through legislation and/or
26 regulation, as appropriate) for adequate payment and the elimination of cost sharing in all health
27 plans for the full range of colorectal cancer screening and all associated costs, including
28 colonoscopy with a “diagnostic” intervention (i.e., the removal of a polyp or biopsy of a mass)
29 and follow-up colonoscopy after a positive stool-based test. (Directive to Take Action)
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Fiscal Note: Modest - between \$1,000 - \$5,000

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REFERENCES

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2. Zhang J, Chen G, Li Z, et al. [Colonoscopic screening is associated with reduced colorectal cancer incidence and mortality: A systematic review and meta-analysis](#). *Journal of Cancer*. 2020;11(20):5953-5970. doi:10.7150/jca.46661.

3. American Society for Gastrointestinal Endoscopy. [Polyps and Their Treatment](#). Accessed Nov.17, 2023. www.asge.org/home/for-patients/patient-information/understanding-polyps.
4. American Cancer Society. [Insurance Coverage for Colorectal Cancer Screening](#). Accessed Nov.17, 2023. www.cancer.org/cancer/types/colon-rectal-cancer/detectiondiagnosis-staging/screening16-coverage-laws.html.
5. Fendrick AM, Prinicic N, Miller-Wilson L-A, Wilson K, Limburg P. [Out-of-pocket costs for colonoscopy after noninvasive colorectal cancer screening among US adults with commercial and Medicare insurance](#). *JAMA Network Open*. 2021;4(12).doi:10.1001/jamanetworkopen.2021.36798.
6. Centers for Medicare & Medicaid Services. Consumer Information and Insurance Oversight. [FAQs about Affordable Care Act Implementation Part 51, families first](#) Jan. 10, 2022. www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/FAQs-Part-51.pdf.
7. Gan T, Sinner HF, Walling SC, et al. [Impact of the Affordable Care Act on colorectal cancer screening, incidence, and survival in Kentucky](#). *Journal of the American College of Surgeons*. 2019;228(4).doi:10.1016/j.jamcollsurg.2018.12.035.

RELEVANT AMA POLICY

Encourage Appropriate Colorectal Cancer Screening H-55.967

Our American Medical Association, 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. [CSAH Rep. 8, A-23]

Carcinoma of the Colon and Rectum H-55.981

Our AMA supports: (1) Recognizing colon cancer as a leading cause of cancer deaths in the United States and encouraging appropriate screening programs to detect colorectal cancer. (2) Persons at increased risk for CRC (family history of CRC, previous adenomatous polyps, inflammatory bowel disease, previous resection of CRC, genetic syndromes) receiving more intensive screening efforts. (3) Physicians becoming aware of genetic alterations that influence the development of CRC, and of diagnostic and screening tests that are available in this area. (4) Physicians engaging their patients in shared decision-making, including consideration of both clinical and financial patient impacts, to determine at what age to begin screening for colorectal cancer and which screening method (or sequence of methods) is most appropriate. [Sub. Res. 513, I-95; Appended: CSA Rep. 7, I-98; Reaffirmed: CSAPH Rep. 2, A-08; Modified: CMS/CSAPH Joint Rep. 01, A-18]

Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans H-185-960

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. [Res. 726, I-04; Reaffirmation I-07; Reaffirmed: CMS Rep. 01, A-17; Reaffirmed: Res. 123, A-17; Appended: CMS/CSAPH Joint Rep. 01, A-18]

Improving the Prevention of Colon Cancer by Insuring the Waiver of the Co-Payment in all Cases H-330.877

1. Our AMA supports requiring Medicare to waive the coinsurance for colorectal screening tests, including therapeutic intervention(s) required during the procedure.
2. Our AMA will continue to support Medicare coverage for colorectal cancer screenings consistent with ACA-compliant plan coverage requirements. [Res. 123, A-17; Appended: CMS/CSAPH Joint Rep. 01, A-18]