WHEREAS, the U.S. Preventive Services Task Force (USPSTF) recommends regular colorectal cancer screening for average-risk people from ages 45 to 75; and

WHEREAS, screening colonoscopies reduce the relative risk of colorectal cancer by 52% and the risk of colorectal cancer-related death by 62%; and

WHEREAS, more than 40% of people over 50 have precancerous polyps in the colon; and

WHEREAS, insurance companies may consider screening colonoscopies that included polyp removal/biopsy as diagnostic colonoscopies and can charge the patient unexpected out-of-pocket costs because of this change in designation; and

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

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

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

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

Fiscal Note: Modest - between $1,000 - $5,000

Received: 5/10/2024

REFERENCES

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]