THE REMOVING BARRIERS TO COLORECTAL CANCER SCREENING ACT
(H.R. 1220 / S. 624)

THE ASK:
Fight Colorectal Cancer requests your support by cosponsoring the Removing Barriers to Colorectal Cancer Screening Act (H.R. 1220 / S. 624).

KEY FACTS:
- The average age of colorectal cancer diagnosis is 72 and 70% of deaths occur in those aged 65 years and older.
- Thirty-one percent (31%) of Medicare consumers had never been screened for CRC, and 18% had been tested but were not current with Medicare-covered intervals1.
- The free Medicare exam only covers screening colonoscopies — not diagnostic colonoscopies. A colonoscopy is considered diagnostic if a polyp is found.
- Medicare patients may be responsible for 20% (sometimes more) of the cost related to a scheduled diagnostic colonoscopy.

BACKGROUND ON THIS ISSUE:

<table>
<thead>
<tr>
<th>Colonoscopy</th>
<th>Effective January 2011</th>
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<tbody>
<tr>
<td>Screening with no polyps:</td>
<td></td>
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<tr>
<td>Coinsurance</td>
<td>Waived</td>
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<tr>
<td>Deductible</td>
<td>Waived</td>
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<tr>
<td>Screening with polyp or tissue removal:</td>
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<tr>
<td>Coinsurance</td>
<td>Applies (20% of the Medicare-approved amount with no Part B deductible. If the test is done in a hospital outpatient department or an ambulatory surgical center, 25% of the Medicare-approved amount.)</td>
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<tr>
<td>Deductible</td>
<td>Waived</td>
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When the Affordable Care Act (ACA) was passed in 2010, it was the administration’s intent that cancer screenings would be available to Americans at no cost. And for the most part, it has been successful. However, a key group of citizens have not received this benefit due to a loophole in Medicare policy. Currently, Medicare beneficiaries are being held responsible for paying coinsurance when a colorectal cancer screening colonoscopy involves the removal of polyps or other tissue during the procedure.

Recognizing that polyp removal is integral to a screening colonoscopy, the administration clarified on February 20, 2013 that under the ACA, a private health plan or issuer cannot impose cost sharing when a polyp is removed during a colonoscopy that is performed as screening. However, the issue remains for Medicare beneficiaries. The Medicare website warns, “If you have a colonoscopy and your provider finds and removes a polyp, costs will apply.”

To increase screening, this unintended cost must be removed to improve our screening rates amongst seniors. Sixty percent (60%) of colorectal cancer cases and 70% of deaths from this cancer occur in those aged 65 years and older. For seniors living on a fixed income, the chance of this unexpected cost could prevent them from receiving potentially life-saving screening.

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Passing the Removing Barriers to Colorectal Cancer Screening Act (H.R. 1220 / S. 624) would eliminate unexpected costs for Medicare beneficiaries. By removing this financial barrier, Congress would help increase screening rates among seniors and reduce the incidence of colorectal cancer.

The government spends roughly $14.1 billion on colorectal cancer treatment annually in the United States. Costs associated with advanced treatment and premature deaths due to colorectal cancer are largely preventable, which is why an enhanced federal financial commitment to prevention is needed.

**H.R. 1220 Current Cosponsors (Updated 11/21/16): 287**

**S. 624 Current Cosponsors (Updated 11/21/16): 38**

See full list of co-sponsors by visiting [www.Congress.gov](http://www.Congress.gov) and typing the bill number (H.R. 1220 or S. 624) in the search bar.

For more information about how this effort will help millions of seniors get screened for colorectal cancer, contact Margaret Carvin at Margaret@FightCRC.org.