

FIGHT COLORECTAL CANCER

CLOSE THE MEDICARE LOOPHOLE!

ASK: Pass H.R. 1570/S. 668

The Removing Barriers to Colorectal Cancer Screening Act

Colorectal cancer is the second leading cause of death for men and women combined.

It is also one of the few cancers that can be completely prevented with timely screening.

But There's a Problem:



Currently, Medicare beneficiaries have no out of pocket costs when they receive a screening colonoscopy and no polyps are found.



But if polyps are found and removed during the screening colonoscopy, patients wake up to a 20% coinsurance bill - often upwards of \$350.



This is a major deterrent to screening seniors, the population at the highest risk for colorectal cancer.

We Have a Solution:



Pass the Removing Barriers to Colorectal Cancer Screening Act which would waive coinsurance for Medicare patients who undergo a screening colonoscopy and have polyps removed - limiting the potential for surprise medical bills and **making it easier for more seniors to get screened for colorectal cancer**, saving lives and money.



BY THE NUMBERS



It is estimated that about **\$14 billion** is spent annually on colorectal cancer treatments in the U.S. About **half** of that cost is in Medicare.¹



Roughly 58 percent of all colorectal cancer deaths in 2020 will be due to "non-screening". **Tens of thousands** of colorectal cancer **deaths** could be **avoided** if people are screened appropriately.²



According to a recent analysis, closing the loophole with this bill would **save** Medicare **\$525 million** over 10 years and **prevent** upwards of **2,000** colorectal cancer cases due to proper and timely screening.

¹ Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. J Natl Cancer Inst. 2011; 103(2):117-28.

² Meester RGS, Doubeni CA, Lansdorp-Vogelaar I, et al. Colorectal Cancer Deaths Attributable to Nonuse of Screening in the United States. Annals of epidemiology. 2015;25(3):208-213.e1. doi:10.1016/j.annepidem.2014.11.011.

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