



August 12, 2021

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Washington, DC 20201

The Honorable Martin J. Walsh  
Secretary  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

The Honorable Janet Yellen  
Secretary  
U.S. Department of the Treasury  
1500 Pennsylvania Ave NW  
Washington, DC 20220

Dear Secretary Becerra, Secretary Walsh, and Secretary Yellen,

We are writing to you to express our support for coverage for a follow-up colonoscopy after a positive non-invasive colorectal cancer screening test at no cost-sharing. Ensuring coverage of the follow-up colonoscopy at no cost-sharing to the patient is critical to a complete screening to detect, treat or possibly prevent colorectal cancer.

In May 2021, the United States Preventive Services Task Force (USPSTF) released its updated colorectal cancer screening guidelines, recommending that individuals aged 45 and older undergo appropriate colorectal cancer screening.<sup>1</sup> As part of these guidelines, the USPSTF clearly stated that “positive results on stool-based screening tests require follow-up with colonoscopy for the screening benefits to be achieved.” Section 2713 prohibits non-grandfathered private plans from imposing any cost-sharing requirements on services that receive an “A” or “B” rating from the USPSTF. Thus, in order to ensure that private plans are compliant with the statute, **we urge you to provide written guidance to private plans to clarify that follow-up colonoscopies conducted after a positive non-invasive screening test are part of the colorectal cancer screening process and thus patients would not face out-of-pocket costs when completing colorectal cancer screening.**

Colorectal cancer remains the second leading cancer killer in the United States despite the availability of preventive screening options. In 2018, just 68.8% of those eligible were screened for colorectal cancer.<sup>2,3</sup> The challenge of getting people screened was exacerbated in 2020, when it is estimated that

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<sup>1</sup> U.S. Preventive Services Task Force. *Screening for Colorectal Cancer*. May 18, 2021. Available at <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>.

<sup>2</sup> National Colorectal Cancer Roundtable. Colorectal cancer is a major public health problem. Available at <https://nccrt.org/data-progress/> <https://nccrt.org/data-progress/>

<sup>3</sup> National Colorectal Cancer Roundtable. 80% by 2018. Available at <https://nccrt.org/what-we-do/80-percent-by-2018/>.

colorectal cancer screening declined by 86% during the first few months of the COVID-19 pandemic.<sup>4</sup> Innovative solutions are needed to increase the number of colorectal cancer screenings to ultimately save lives. It is critical that patients have access to the full continuum of colorectal cancer screening options and that cost is not a barrier to completing screening.

The Obama Administration issued guidance to private plans when implementing the preventive benefits of the Affordable Care Act (ACA) that the plans could not impose cost sharing for screening colonoscopies where polyps are found and removed, since removal of polyps is integral to the screening.<sup>5</sup> However, patients who choose a non-invasive screening test and receive a positive result continue to face a financial barrier unless coverage of the necessary follow-up colonoscopy is addressed. We believe similar guidance to private plans for the follow-up colonoscopy is necessary.

The timing of the follow-up colonoscopy after a positive non-invasive screening test is critical, as studies have demonstrated that increased time to colonoscopy after an abnormal non-invasive screening test is associated with higher risk of colorectal cancer incidence, death, and late-stage colorectal cancer.<sup>6</sup> Additionally, this barrier to follow-up colonoscopy is important in addressing health care disparities and inequities since we know that Black, Hispanic, and Native American people are often diagnosed at later stages of colorectal cancer.<sup>7</sup>

Based on medical science, colonoscopy after a positive non-invasive screening test is an integral part of the screening process. The American Cancer Society, the United States Multi-Society Task Force on Colorectal Cancer, the American College of Radiology, and the National Colorectal Cancer Roundtable have also stated in their guidance that follow-up colonoscopy after a positive stool test is an integral part of the screening process that should be covered by health insurers with no patient-cost sharing.<sup>8</sup> Without this critical coverage, patients in need will not be able to access these modern advancements (as well as future technologies) to detect and treat colorectal cancer, thus undermining the potential these technologies have to serve as tools in our fight against colorectal cancer.

As you work to ensure that private plans are complying with the new USPSTF colorectal cancer screening guidelines, we urge you to address this important public health issue by providing written guidance to commercial health insurance plans that addresses cost-sharing for a necessary colonoscopy after a positive non-invasive screening. This will ensure a consistent policy among the plans and prevent confusion for patients and providers regarding what is covered. We offer ourselves as a resource to you and look forward to continuing to work with you to ensure that patients are able to choose the right screening option for them based on their health care needs.

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<sup>4</sup> Preventive cancer screenings during COVID-19 pandemic. *Epic Health Research Network*. 2020. [2020-09-01]. <https://ehrn.org/articles/delays-in-preventive-cancer-screenings-during-covid-19-pandemic>

<sup>5</sup> Centers for Medicare & Medicaid Services, the Center for Consumer Information & Insurance Oversight, Affordable Care Act Implementation FAQs – Set 12, question 5 (emphasis added). Available at [https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html).

<sup>6</sup> San Miguel Y. Demb J. et al. Time to colonoscopy after abnormal stool-based screening and risk for colorectal cancer incidence and mortality. *Gastroenterology*. Feb. 2, 2021. Available at [https://www.gastrojournal.org/article/S0016-5085\(21\)00325-5/fulltext](https://www.gastrojournal.org/article/S0016-5085(21)00325-5/fulltext).

<sup>7</sup> American Cancer Society. *Colorectal Cancer Facts & Figures 2020-2022*. Atlanta: American Cancer Society; 2020.

<sup>8</sup> Wolf AMD. Fontham ETH. Et al. Colorectal cancer screening for average-risk adults: 2018 guideline update from the American Cancer Society. CA: May 30, 2018. Available at <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21457>.

Again, we thank you for your consideration of this important issue and if we can provide any additional information, please contact Kathleen Teixeira, Vice President of Government Affairs at AGA at [kteixeira@gastro.org](mailto:kteixeira@gastro.org) or 240.482.3222.

Sincerely,



John M. Inadomi, MD  
President, American Gastroenterological Association



Lisa A. Lacasse, MBA  
President, American Cancer Society Cancer Action Network



Anjee Davis, MPPA  
President, Fight Colorectal Cancer

CC: Jeff Grant, Acting Director, Center for Consumer Information and Insurance Oversight,  
Department of Health and Human Services  
Ali Khawar, Acting Assistant Secretary, Employee Benefits Security Administration, Department  
of Labor