Congress of the United States

Washington, DC 20515

January 10, 2024

The Honorable Xavier Becerra
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C.

Dear Secretary Becerra,

During the passage of the Affordable Care Act (ACA) in 2010, Congress prioritized patients' access to preventative care by requiring insurers to cover these services without cost-sharing. This has enabled patients across the nation to access critical care to reduce their risk for disease and death, but we fear too many Americans continue to face obstacles in accessing preventative health screenings, like colonoscopies. To bolster access to important screenings, we write to request the Department of Health and Human Services (HHS) change its federal FAQ guidance for commercial insurers regulated by the ACA to treat surveillance colonoscopy as part of the screening continuum, for preventive services and cost-sharing purposes.

The U.S. Multi-Society Task Force (USMSTF) on Colorectal Cancer recommends that asymptomatic individuals should seek follow-up colonoscopy exams to evaluate for new polyps at specific intervals based on the findings of their initial screening exam, ranging from one year to ten years.[1] According to the USMSTF guidelines, undergoing one or two follow-up examinations reduces the risk of colorectal cancer incidences by 43%–48%, and for patients having an advanced adenoma, one follow-up colonoscopy has a significant impact on reducing the risk of colorectal cancer. However, this risk was more than four times higher in patients without the follow-up colonoscopy.

Therefore, consistent with the standard of care and clinical guidelines, an asymptomatic patient with a history of polyps should now receive an additional screening sooner than 10 years. In this instance, Medicare considers the additional, follow-up colonoscopies as screening exams. This is also aligned with USMSTF guidelines, which inform the preventive services covered by the ACA.[2] However, commercial insurers regulated by the ACA treat an additional screening as a "diagnostic" service, despite the patient having no symptoms. Not only does this trigger patient cost-sharing and limit access to care, but it's counter to the clinical standard of care and inconsistent with CMS' medical coding guidance.[3] In effect, these patients are subject to cost-sharing and other access-related challenges (e.g., prior authorization) for a *preventive* service, simply because clinical guidelines and their doctor recommend screenings at an earlier interval.

We urge the Administration to update the ACA's FAQ guidance, stipulating that the follow-up surveillance colonoscopy should be treated as a "screening" and part of the ACA's "preventive services" benefit.

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[1] USMST Guidelines: https://journals.lww.com/ajg/Fulltext/2020/03000/Recommendations_for_Follow_Up_After_Colonoscopy.19.asp

[2] The Patient Protection and Affordable Care Act. Public Law 111–148 111th Congress. Section 2713 (Coverage of Preventive Health Services): PUBL148.PS (congress.gov)

[3] According to CMS' ICD-10-CM Official Guidelines for Coding and Reporting for 2023, a screening is "the testing for disease or disease precursors in seemingly well individuals so that early detection and treatment can be provided for those who test positive for the disease." However, the "testing of a person to rule out or confirm a suspected diagnosis because the patient has some sign or symptom" is a diagnostic examination. Also, follow-up codes are used to explain continuing surveillance but "imply that the condition has been fully treated and no longer exists." https://www.cms.gov/files/document/fy-2023-icd-10-cm-coding-guidelines-updated-01/11/2023.pdf

HHS has made great strides in lowering colorectal cancer incidence rates in the Medicare population, but it is time we focus on the younger generation as well. Colorectal cancer remains the second leading cause of cancer deaths in the U.S. among men and women combined, and it is now the leading cause of cancer death in men younger than 50 years of age. In fact, recent studies highlight a rising incidence of colorectal cancer in individuals younger than age 50, and incidence rates have doubled in ages 20 to 49.[4] Among younger adults, ages 20 to 49, colorectal cancer is estimated to become the leading cause of cancer-related deaths in the United States by 2030.[5]

CMS recently reported that 16.4 million Americans have signed up for 2023 individual market health insurance coverage through the ACA marketplaces since the start of the 2023 Marketplace Open Enrollment Period on November 1, 2022, through January 15, 2023. Of note, over 60% of total ACA marketplace enrollees in 2023 are between 18-54 years old, meaning that by 2030, colorectal cancer may be the leading cause of cancer related deaths among the majority of ACA marketplace enrollees. [6] We must do more to increase access to the colorectal cancer screening continuum in the ACA marketplace as our nation grapples with this public health crisis.

When detected and treated early, the five-year survival rate for colorectal cancer is 90%, but unfortunately, early detection occurs in less than 40% of colorectal cancer cases.[7] We are alarmed that cost-sharing for "diagnostic" colonoscopies is contributing to alarming trend.

For these reasons, we urge the HHs to clarify through its ACA FAQ guidance that the follow-up colonoscopy should be treated as a preventive service. In adopting this update to the FAQs, the federal government would eliminate a significant barrier to screening and directly improve access to care, especially in minority populations where we are seeing a 20% higher incidence rate and 40% greater likelihood to die from colorectal cancer compared to other racial and ethnic groups.[8] Screening and follow-up are powerful tools in the fight against colorectal cancer, yet patient cost-sharing and fear of the procedure itself are demonstrated barriers to screening.[9] We urge the Department's immediate attention to resolving this problem and look forward to collaborating with you on a solution.

Thank you for your consideration of this important request.

Sincerely,

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[4] ACG Clinical Guidelines: Colorectal Cancer Screening 2021: https://journals.lww.com/ajg/pages/articleviewer.aspx?year=2021&issue=03000&article=00014&type=Fulltext

[5] Estimated Projection of US Cancer Incidence and Death to 2040: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2778204

[6] https://www.cms.gov/files/document/health-insurance-exchanges-2023-open-enrollment-report-final.pdf

[7] American Cancer Society: 2021 Facts & Figures; Colorectal Cancer Facts & Figures 2020-2022. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf

[8] American Cancer Society: 2021 Facts & Figures

[9] Patients' self-reported barriers to colon cancer screening in federally qualified health center settings: Patients' self-reported barriers to colon cancer screening in federally qualified health center settings - PMC (nih.gov)

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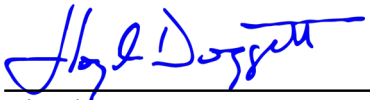

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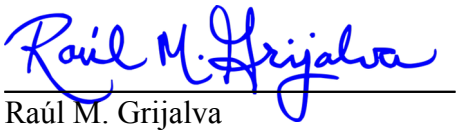

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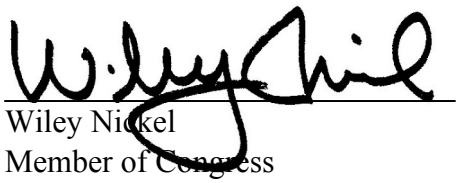

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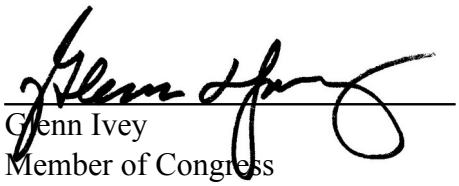

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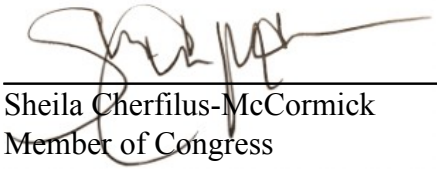

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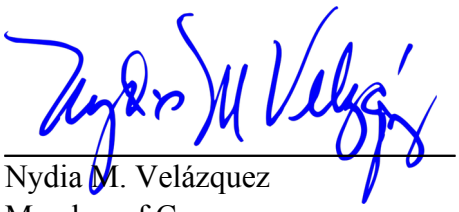

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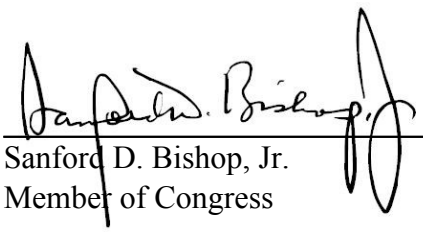

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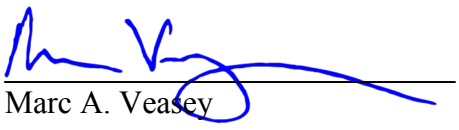

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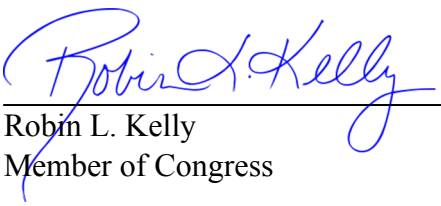

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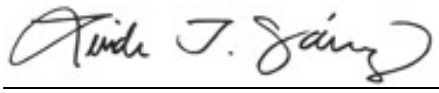

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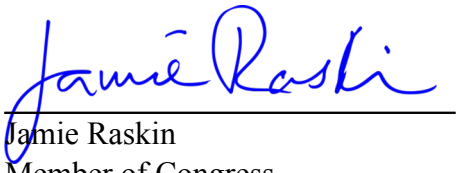

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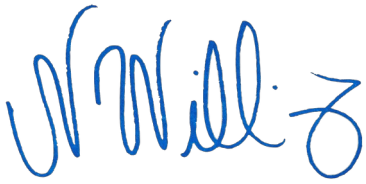

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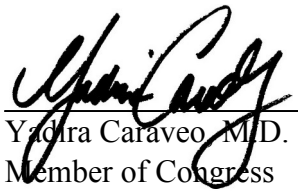

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