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SCREEN Act Introduced in House and Senate for Colorectal Cancer Awareness Month
Legislation Proposed to Ensure Access to Colorectal Cancer Screening under Medicare

Bethesda, MD (March 22, 2013) – U.S. Senator Ben Cardin (D-MD) and Representative Richard Neal (D-MA) this week introduced the Supporting ColoRectal Examination and Education Now (SCREEN) Act (S. 608/H.R. 1320). The SCREEN Act would waive Medicare beneficiary cost-sharing for those colorectal cancer screenings where polyps are removed during colonoscopy. Currently, Medicare waives cost-sharing for any colorectal cancer screening recommended by the U.S. Preventive Services Task Force. However, should the beneficiary have a polyp removed, the procedure is no longer considered a "screening" for Medicare purposes and cost-sharing applies.

"For Medicare patients, the unintended consequence of polyps being removed during colonoscopy is that the beneficiary is obligated to pay the coinsurance. This is an unexpected and unwelcome 'sticker shock' that deters others from being screened, and undermines the intended purpose of the procedure – to prevent cancer from developing in the first place," explained Ronald J. Vender, MD, FACG, President of the American College of Gastroenterology.

The Obama Administration announced in February 2013 that, beginning next year, certain private insurers participating in state-based health insurance exchanges must remove all patient cost-sharing for colorectal cancer screenings where a polyp is removed. The SCREEN Act extends this important fix to the Medicare program as well, addressing an unintended legislative quirk of the Accountable Care Act.

"Physicians cannot accurately predict which patients will have polyps prior to a screening colonoscopy. If we knew with certainty that someone did not have any polyps, then we would not perform the procedure in the first place. The purpose of this extremely accurate test is to detect and remove precancerous lesions and to prevent cancer. It is unfair to penalize the individual who happens to have a polyp when they are trying to do the right thing for their own health. The law as it is presently written is well intended, but there some gaps that need to be filled," explained March E. Seabrook, MD, FACG, Chair of ACG's National Affairs Committee.

The SCREEN Act aims to increase not only the use of colorectal cancer screenings but also the quality of the screenings provided to Medicare beneficiaries. In addition to waiving the cost sharing for therapeutic colonoscopies, the SCREEN Act provides Medicare coverage for a pre-screening visit. A colonoscopy is not a simple test. It requires a skilled physician, staff and facility along with appropriate patient selection, preparation and sedation. High quality medicine would dictate that an evaluation occur prior to this procedure. Currently Medicare does not cover this evaluation. Yet, colonoscopy is unique in that the patient's preparation is crucial to the accuracy of the screening exam. The SCREEN Act provides for this important interaction.

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Lastly, the legislation helps reform the Medicare reimbursement system by ensuring providers are paid for the quality of the services as opposed to the quantity of the services. The SCREEN Act provides for a Medicare incentive conditional upon voluntary participation in a nationally recognized quality improvement registry that compares the physician to accepted colorectal cancer screening quality metrics developed in the medical literature. Those providers who do not demonstrate quality care according to these accepted standards of care would receive a lower reimbursement.

Lifesaving Screening Tests Underutilized

"At a time when the trends in colorectal cancer deaths are declining, the American College of Gastroenterology is deeply concerned that Medicare patients who should be screened for colorectal cancer as part of covered preventive benefits are not getting these recommended tests," commented Dr. Vender.

According to CMS and American Cancer Society, Medicare claims indicate that only 55 to 58 percent of beneficiaries have had a colonoscopy or any colorectal cancer test.[1] Screening rates among minorities are especially low and well below the 50th percentile, yet incidences of colon cancer are higher in these populations. The Centers for Disease Control and Prevention (CDC) conclude that 1,000 additional colorectal cancer deaths will be prevented each year if screening rates reached 70 percent.[2]

However, colorectal cancer is highly preventable with appropriate screening. According to an important study recently published in the New England Journal of Medicine, colorectal cancer deaths may be reduced by over 50 percent by removing precancerous polyps during the screening colonoscopy. [3,4] Colon cancer screening is a unique preventive service as pre-cancerous polyps are removed during the same encounter, thus preventing cancer from developing, as opposed to other cancer screenings where early detection is the goal. That is one reason why the U.S. Preventive Services Task Force provides an "A" rating for colon cancer screenings such as colonoscopy.

In addition to saving lives, colorectal cancer screening has been demonstrated to save Medicare long-term costs as noted by the New England Journal of Medicine in a recent article.[5] The direct costs of treating colorectal cancer in 2010 reached $4 billion.[6] These costs can be partially avoided with proper screening.

About the American College of Gastroenterology

Founded in 1932, the American College of Gastroenterology (ACG) is an organization with an international membership of more than 12,000 individuals from 80 countries. The College is committed to serving the clinically oriented digestive disease specialist through its emphasis on scholarly practice, teaching and research. The mission of the College is to serve the evolving needs of physicians in the delivery of high quality, scientifically sound, humanistic, ethical, and cost-effective health care to gastroenterology patients. www.gi.org

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[1] http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-028323.pdf
[2] Centers for Disease Control and Prevention, Colorectal Cancer Vital Signs, July 2011.
[3] N Engl J Med. 2012 Feb 23;366(8):687-96
[4] American Cancer Society, Facts & Figures, 2010.
[5] New England Journal of Medicine, February 2008. .
[6] Centers for Disease Control and Prevention, Colorectal Cancer Vital Signs, July 2011

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