October 3, 2019

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

We write to comment on the Centers for Medicare and Medicaid Services’ (CMS) proposed policy, payment, and quality provisions changes to the Medicare Physician Fee Schedule (PFS) for Calendar Year 2020 (CY20), specifically, the Agency’s proposal related to coinsurance for colorectal cancer screening tests. We urge you not to finalize any of the proposed policy changes included in this section, which may increase provider burden and decrease colorectal cancer screening rates, and instead use your existing authority to remove this unnecessary and costly coinsurance requirement and increase access to life-saving cancer screenings.

Colorectal cancer is the second leading cause of cancer death for men and women combined in the United States. By the end of 2019, more than 145,600 Americans – mostly seniors – will have been diagnosed with colorectal cancer, and approximately 51,000 will have died from the disease. Thankfully, providers have the tools to both prevent colorectal cancer and detect it during early stages, when treatment is most successful. One of the most effective preventive actions for this disease is a screening colonoscopy, which allows for the early detection and removal of tissue that could become cancerous. It should be our shared goal to maximize the number of eligible individuals who are screened for colorectal cancer to help ensure the greatest reduction in potential colorectal cancer deaths.

Screening colonoscopy procedures do not only screen for disease, but simultaneously allow for the early detection and removal of tissue (polyps) that could become cancerous. As a result, the U.S. Preventive Services Task Force (USPSTF) has awarded colorectal cancer screenings, including screening colonoscopy procedures, with an “A” rating, which strongly recommends such screenings for individuals between the ages of 50 and 75. CMS is authorized to cover screening colonoscopies that include the removal of a polyp for Medicare beneficiaries without cost-sharing under current law.

Despite this authority, current practice at CMS is to require beneficiaries to pay 20 percent coinsurance for a polyp removal during a colonoscopy if a polyp is detected and removed during the screening. This can pose a significant financial barrier for many seniors living on fixed incomes. However, the USPSTF has not suggested limiting the definition of screening colonoscopies to include only colonoscopies without polyp removal. In contrast, guidance from the Center for Consumer Information & Insurance Oversight (CCIIO), consistent with USPSTF’s
recommendation, states that polyp removal is an integral part of a screening colonoscopy. Additionally, CMS may waive coinsurance requirements for "colorectal cancer screening tests" defined under Section 1861 of the Social Security Act (SSA). This definition includes "screening colonoscopy" without specifying that such screening shall be limited to those where polyp removal does not occur.

There is no bifurcation of the colonoscopy procedure. A gastroenterologist or other professional performing a screening colonoscopy removes potentially cancerous polyps for analysis and patient safety. It would be nonsensical for a healthcare provider to see a potentially dangerous polyp but not remove it. Holding Medicare beneficiaries financially responsible only if a polyp is found and removed is counter to the intent of the law and is confusing to both providers and patients.

Rather than deter patients from receiving highly cost-effective colonoscopies as the current proposed PFS rule might do, CMS should withhold from moving forward with the proposal as currently drafted and instead use its existing authority to deem a colonoscopy that results in polyp removal a “screening colonoscopy” worthy of zero copayment, which applies to all other screening benefits.

We look forward to working with you to improve Medicare policy in a way that will improve health outcomes by promoting, not deterring colorectal cancer screenings for seniors and their families.

Thank you for your consideration of this important issue.

Sincerely,

Sherrod Brown
United States Senator

Roger F. Wicker
United States Senator

CC: The Honorable Alex Azar, Secretary. U.S. Department of Health and Human Services
The Honorable Mick Mulvaney, Director, Office of Management and Budget

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