

September 24, 2019

The Honorable Donald J. Trump
President of the United States
1600 Pennsylvania Avenue NW
Washington, DC 20500

Dear President Trump,

Our organizations, representing millions of American colorectal cancer survivors and their families, health care providers working to prevent colorectal cancer, and people at risk of colorectal cancer, write today to ask your Administration to waive out-of-pocket costs for seniors on Medicare who have precancerous polyps removed during a screening colonoscopy. Waiving this fee could save thousands of lives.

Colorectal cancer is one of the few cancers that can be completely prevented through screening, but it is also the second leading cause of cancer death among men and women combined in the United States.¹ In 2019, it is estimated that 145,600 Americans will be diagnosed with colorectal cancer and approximately 51,000 Americans will die from it.² Medicare-eligible seniors are particularly at risk for colorectal cancer. Approximately 60 percent of cases and 70 percent of deaths due to colorectal cancer occur in those aged 65 years and older.³

Increasing screening rates has the potential to reduce government spending. Estimates suggest that about \$14 billion is spent annually on colorectal cancer treatments in the U.S., with Medicare bearing as much as one half of the cost.⁴ Preventing colorectal cancer through polyp removal or catching cancer at an earlier stage can reduce costs for Medicare.

Research has shown that elimination of cost-sharing increases use of preventive services in Medicare.⁵ Unfortunately, cost-sharing for colonoscopies in Medicare may discourage patients from getting their recommended screening.⁶ Traditional fee-for-service Medicare is one of few forms of insurance that still charges coinsurance to patients for colonoscopies where polyps are found and removed.

Increasing screening rates is critical. According to one estimate, 58 percent of all colorectal cancer deaths in 2020 will be due to “non-screening” – this means that thousands of colorectal cancer deaths

¹ American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

² Ibid.

³ Siegel RL, Miller KD, Fedewa SA, et al. Colorectal cancer statistics, 2017. *CA Cancer J Clin*. 2017; 76(3): 177-93.

⁴ 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.

⁵ Meeker D, Joyce GF, Malkin J, et al. Coverage and preventive screening. *Health Serv Res*. 2011; 46:173-84; Goodwin SM, Anderson GF. Effect of cost-sharing reductions on preventive service use among Medicare fee-for-service beneficiaries [serial online]. *Medicare Medicaid Res Rev*. 2012;2:002.01.a03.

⁶ Solanki G, Schauffler HH, Miller LS. The direct and indirect effects of cost-sharing on the use of preventive services. *Health Services Research*. 2000; 34: 1331-50; Wharam JF, Graves AJ, Landon BE, Zhang F, Soumerai SB, Ross-Degnan D. Two-year trends in colorectal cancer screening after switch to a high-deductible health plan. *Med Care*. 2011; 49: 865-71.

could be avoided if people are screened appropriately.⁷ Of those people who will be newly-diagnosed with colorectal cancer, nearly two-thirds are Medicare beneficiaries.⁸

Further, screening can help find cancer earlier, when it's more treatable. Approximately 90 percent of all people diagnosed with colorectal cancer at an early stage are still alive five years later.⁹ That statistic is only 14 percent if colorectal cancer is found at a later stage.¹⁰ Colonoscopies are proven to prevent and detect colorectal cancer at earlier stages when treatment is more effective and can save lives.¹¹

When the Department of Health and Human Services issues its final Calendar Year 2020 Medicare Physician Fee Schedule rule, please ensure that seniors who undergo a preventive screening colonoscopy incur no additional cost-sharing, regardless of whether a polyp is found and removed during the procedure. Please help us save lives.

Sincerely,

Academy of Oncology Nurse and Patient Navigators
Alliance for Aging Research
Alliance for Retired Americans
Ambulatory Surgery Center Association
American Cancer Society Cancer Action Network
American College of Gastroenterology
American College of Preventive Medicine
American College of Radiology
American College of Surgeons
American Gastroenterological Association
American Muslim Health Professionals (AMHP)
American Society for Gastrointestinal Endoscopy
American Society of Clinical Oncology
Association of Jewish Aging Services
Association of Oncology Social Work
CancerCare
Cancer Support Community
Center for Medicare Advocacy
Chronic Disease Coalition
Colon Cancer Coalition
Colorectal Cancer Alliance
Crohn's & Colitis Foundation

⁷ 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.

⁸ Cancer Facts and Figures 2019.

⁹ American Cancer Society. *Cancer Facts and Figures 2019*. Atlanta: American Cancer Society; 2019.

¹⁰ Ibid.

¹¹ American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2017-2018*. Atlanta: American Cancer Society; 2017.

Digestive Disease National Coalition
Families USA
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
GI Cancers Alliance
International Foundation for Gastrointestinal Disorders
International Union, United Automobile, Aerospace and Agricultural Implement Workers of America
(UAW)
Justice in Aging
Kiel Colon Cancer Foundation
Lutheran Services in America
Medicare Rights Center
Michael's Mission
MomsRising
National Patient Advocate Foundation
Prevent Cancer Foundation
Raymond Foundation
San Francisco AIDS Foundation
The Colon Club
United Ostomy Associations of America, Inc.
Virginia Organizing
Washington Colon Cancer Stars