

# Eliminating Financial Barriers to Colorectal Cancer Screening: When Free Isn't Really Free

A. Mark Fendrick, MD

University of Michigan Center for  
Value-Based Insurance Design

[www.vbidcenter.org](http://www.vbidcenter.org)



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**I PUBLISHED  
BUT STILL PERISHED**

# Health Care Costs Are a Top Issue For Patients, Providers and Policymakers: Solutions must protect consumers, reward providers and preserve innovation

- Innovations to prevent and treat disease have led to impressive reductions in morbidity and mortality
- Irrespective of remarkable clinical advances, cutting health care spending is the focus of reform discussions
- Underutilization of high-value care persists across the entire spectrum of clinical care leading to poor health outcomes, health care disparities and inefficient spending
- Increases in consumer cost-sharing (i.e. copayments, coinsurance, deductibles) lead to decreases in use of high- and low-value care

Americans Do Not Care About Health Care Costs;  
They Care About What It Costs Them

## **Patient Worry About Out-of-Pocket Healthcare Costs at All-Time High**

A report from the Commonwealth Fund noted that patients are not confident they can afford high out-of-pocket healthcare costs.



## Inspiration (Still)



“

I can't believe you had to spend a million dollars to show that if you make people pay more for something, they will buy less of it.

”

- Barbara Fendrick (my mother)



# A Clinically Nuanced Alternative to “Blunt” Consumer Cost-sharing: Value-Based Insurance Design - More of the Good Stuff and Less of the Bad Stuff

- Sets consumer cost-sharing on clinical benefit – not price
- Little or no out-of-pocket cost for high-value care; higher cost-sharing for low-value care
- Implemented by hundreds of public and private payers
- Bipartisan political support
- Enhances equity

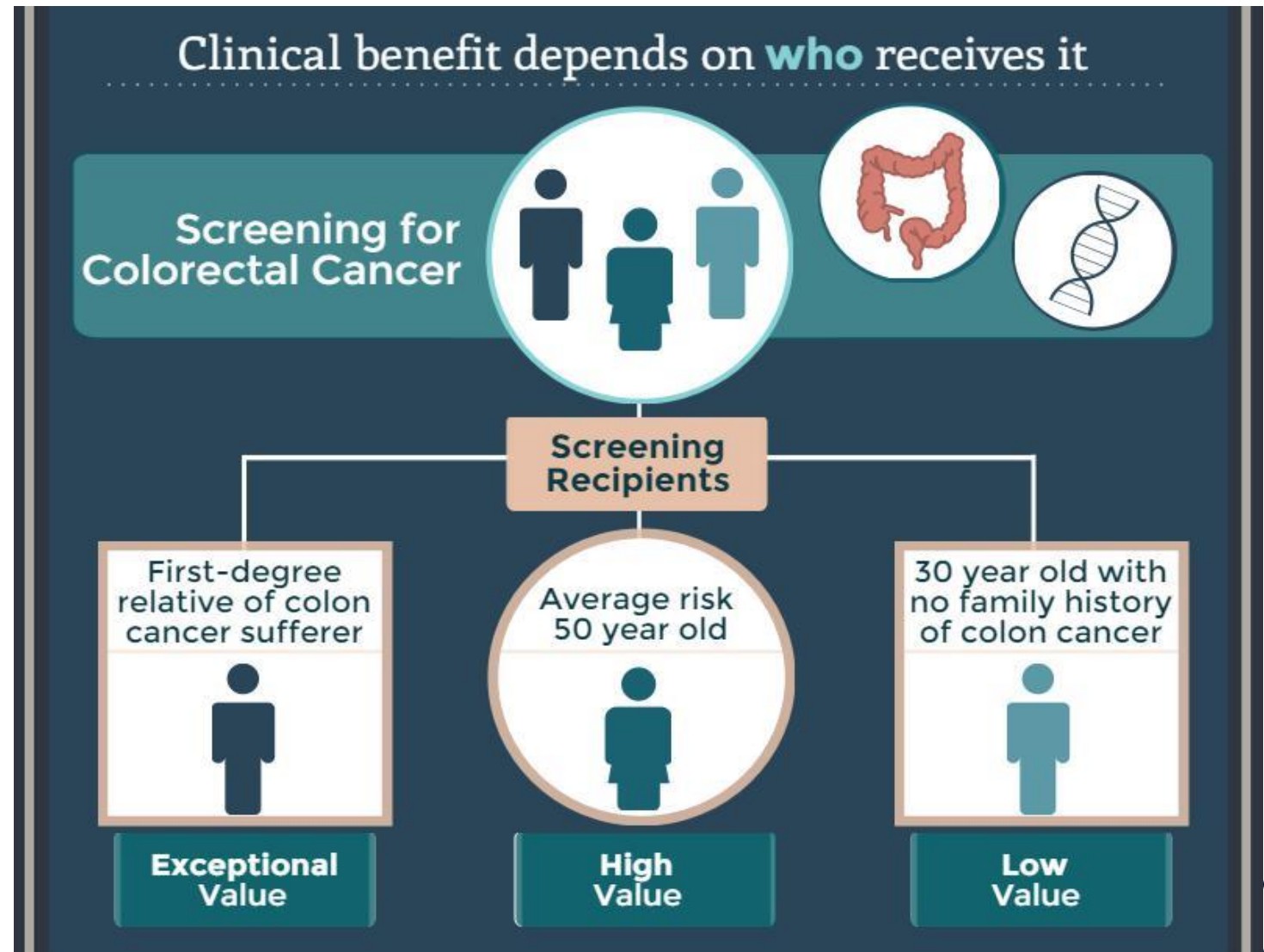


By Niteesh K. Choudhry, Katsiaryna Bykov, William H. Shrank, Michele Toscano, Wayne S. Rawlins, Lonny Reisman, Troyen A. Brennan, and Jessica M. Franklin

## **Eliminating Medication Copayments Reduces Disparities In Cardiovascular Care**

# A Clinically Nuanced Alternative to “Blunt” Consumer Cost-sharing: A Role for V-BID in Colorectal Cancer Screening

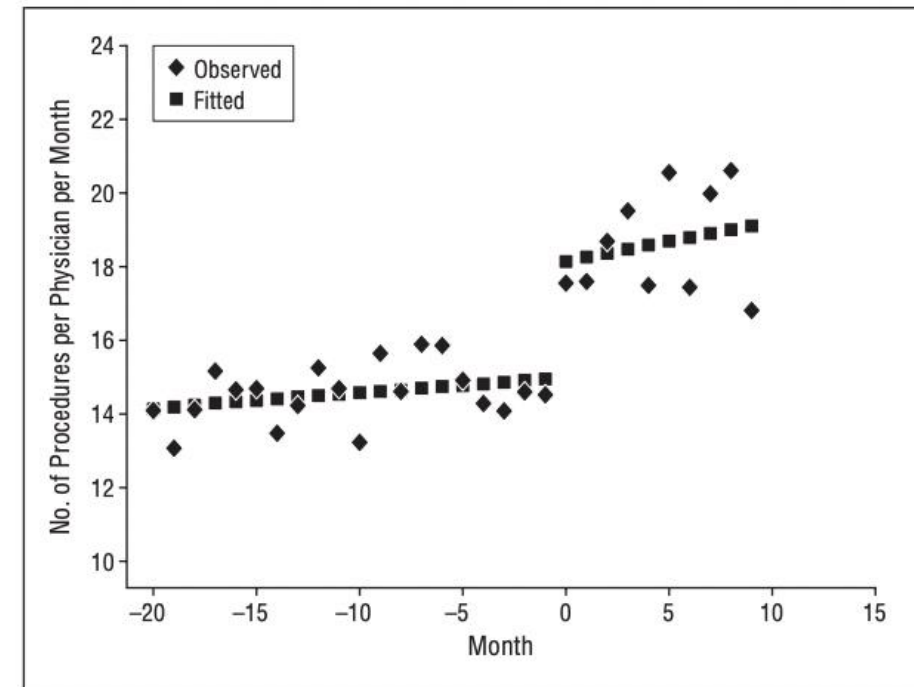
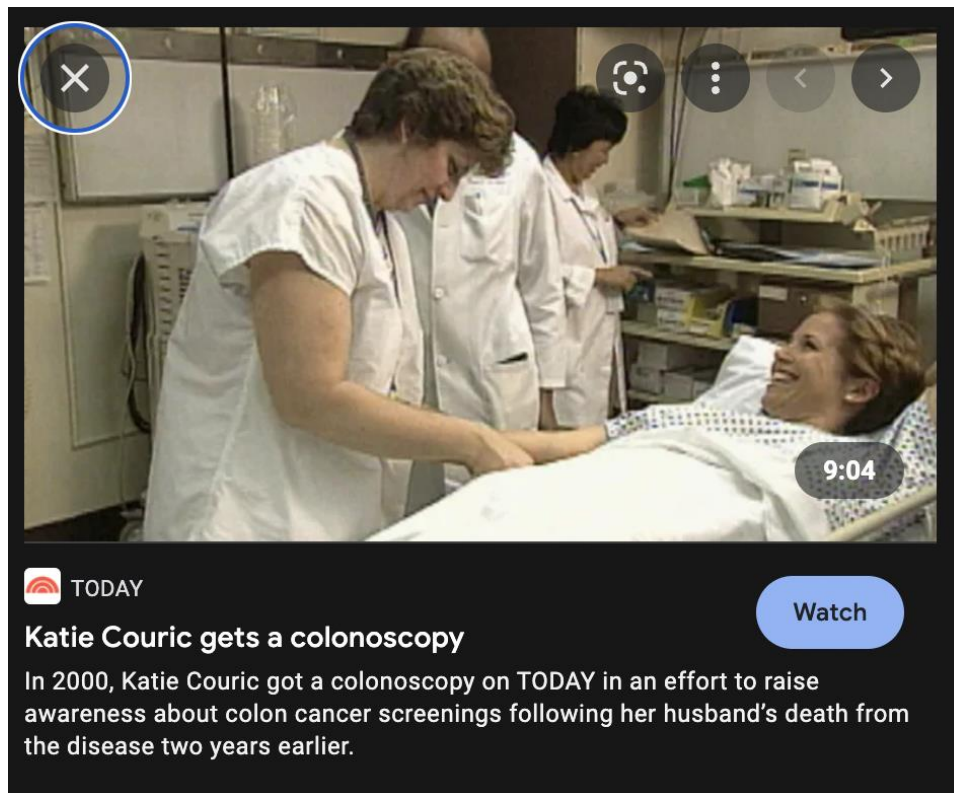
The clinical benefit derived from a specific service depends on the consumer using it, as well as when, where, and by whom, the service is provided.



# The Impact of a Celebrity Promotional Campaign on the Use of Colon Cancer Screening

## *The Katie Couric Effect*

Peter Cram, MD, MBA; A. Mark Fendrick, MD; **John Inadomi, MD**;  
Mark E. Cowen, MD, SM; Daniel Carpenter, PhD; Sandeep Vijan, MD, MS



**Figure 1.** Monthly colonoscopy rates in the Clinical Outcomes Research Initiative database from July 1998 to December 2000. Ms Couric's cancer awareness campaign was televised on the *Today Show* in March 2000 (month 0).



Projecting the  
Impact of the  
Katie Couric  
Effect on  
Endoscopists:

*Projections of demand and capacity for colonoscopy related to increasing rates of colorectal cancer screening in the United States*

S. VIJAN<sup>†</sup>, J. INADOMI<sup>\*†</sup>, R. A. HAYWARD<sup>\*†</sup>, T. P. HOFER<sup>\*†</sup> & A. M. FENDRICK<sup>†</sup>

*\*Veterans Affairs Health Services Research and Development (HSR&D), Ann Arbor, MI; †Department of Internal Medicine, University of Michigan, MI, USA*

Accepted for publication 19 March 2004

Projections of colorectal cancer screening lead to demand for colonoscopies that outstrips supply. Systems to train dedicated screening endoscopists may be necessary in order to provide population-wide screening.

# A Role for V-BID in Colorectal Cancer Screening: USPSTF 2008 Recommends Multiple Colorectal Cancer Screening Modalities

## Clinical Gastroenterology and Hepatology

Volume 2, Issue 7, July 2004, Pages 554-563

Original Article

### Colorectal neoplasia screening with virtual colonoscopy: when, at what cost, and with what national impact?

Presented in part at the American Gastrointestinal Association Presidential Plenary Session and the GI Oncology Plenary Session, Digestive Disease Week, New Orleans, Louisiana, May 15–20, 2004.

Uri Ladabaum <sup>\*</sup> <sup>†</sup> <sup>‡</sup> <sup>§</sup> <sup>¶</sup>, Kenneth Song <sup>†</sup>, A. Mark Fendrick <sup>§</sup>, <sup>¶</sup>, <sup>||</sup>

## Gastroenterology

### Fecal DNA Testing Compared With Conventional Colorectal Cancer Screening Methods: A Decision Analysis

KENNETH SONG,<sup>\*</sup> A. MARK FENDRICK,<sup>†,§,||</sup> and URI LADABAUM<sup>\*,¶</sup>

<sup>\*</sup>Department of Medicine, University of California, San Francisco, California; <sup>†</sup>Department of Internal Medicine, <sup>§</sup>Department of Health Management and Policy, School of Public Health, <sup>||</sup>Consortium for Health Outcomes, Innovation, and Cost-Effectiveness Studies (CHOICES), University of Michigan, Ann Arbor, Michigan; and <sup>¶</sup>Division of Gastroenterology, University of California, San Francisco, California

# A Role for V-BID in Colorectal Cancer Screening: Using Other Screenings as a 'Teachable Moment' to Encourage CRC Screening



Journal of the American College of  
Radiology

Volume 1, Issue 10, October 2004, Pages 769-776



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Can breast and cervical cancer screening visits be used to enhance colorectal cancer screening?

Ruth C. Carlos MD, MS<sup>a</sup> ✉, A. Mark Fendrick MD<sup>b, c</sup>, James Ellis MD<sup>a</sup>, Steven J. Bernstein MD, MPH<sup>b, c, d</sup>



Academic Radiology

Volume 11, Issue 11, November 2004, Pages 1237-1241



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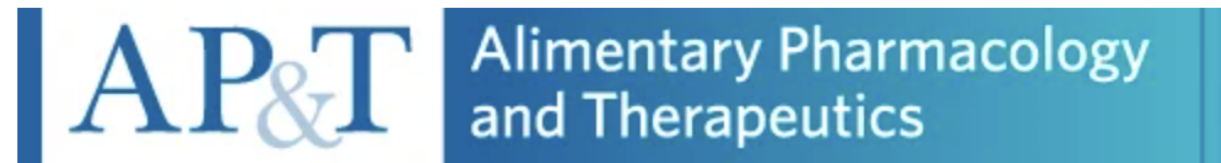
Original investigations

Completion of colorectal cancer screening in women attending screening mammography<sup>1</sup>

Leticia Molina<sup>a</sup>, Ruth C. Carlos MD, MS<sup>a</sup> ✉, A. Mark Fendrick MD<sup>b</sup>, Paul H. Abrahamse MS<sup>b</sup>, Qian Dong MD<sup>a</sup>, Steven J. Bernstein MD, MPH<sup>b</sup>

# A Role for V-BID in Colorectal Cancer Screening: Potential 'Added' Benefit of EGD Referral

“Heads  
you lose,  
tails you  
win.”



 Free Access

**Gastroenterologists utilize the referral for EGD to enhance colon cancer screening more effectively than primary care physicians**

S. B. MENEES, J. SCHEIMAN, R. CARLOS, A. MULDER, A. M. FENDRICK

First published: 17 March 2006 | <https://doi.org/10.1111/j.1365-2036.2006.02844.x> | Citations: 4



# A Role for V-BID in Colorectal Cancer Screening: Cost-effectiveness of Colorectal Cancer Chemoprevention

**Annals of Internal Medicine**<sup>®</sup>

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LATEST ISSUES IN THE CLINIC JOURNAL CLUB MULTIMEDIA CME/MOC AUTHORS/SUBMIT

Articles | 6 November 2001

## **Aspirin as an Adjunct to Screening for Prevention of Sporadic Colorectal Cancer: A Cost-Effectiveness Analysis**

Uri Ladabaum, MD, MS , Cathy Lee Chopra, MD, MS, Grace Huang, MD, MS, James M. Scheiman, MD,

Michael E. Chernew, PhD, and A. Mark Fendrick, MD [See Less](#) 

THE AMERICAN JOURNAL  
*of* MEDICINE.

Official Journal of the Alliance for Academic Internal Medicine

> [Am J Med.](#) 2003 May;114(7):546-54. doi: 10.1016/s0002-9343(03)00095-0.

## **Potential effect of cyclooxygenase-2-specific inhibitors on the prevention of colorectal cancer: a cost-effectiveness analysis**

[Uri Ladabaum](#) <sup>1</sup>, [James M Scheiman](#), [A Mark Fendrick](#)

# A Role for V-BID in Colorectal Cancer Screening: Translating Research into Policy



# Translating Research into Policy

## ACA Sec 2713: Selected Preventive Services Provided without Cost-Sharing

- Receiving an A or B rating from the United States Preventive Services Taskforce (USPSTF)
  - Includes screening for specific cancers:
    - Breast
    - Cervical
    - Colorectal
    - Lung
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP)
- Preventive care and screenings supported by the Health Resources and Services Administration



Commercial insurers and Medicare have separate coverage processes



# Impact of ACA Sec 2713: Over 230 Million Americans Benefit from Increased Access to Preventive Care Without Cost-sharing

- 150 M with private insurance
  - 58 M women and 37 M children
- 61 M Medicare beneficiaries
- 20 M Medicaid expansion enrollees
- Majority of studies show increased use of covered services
- Studies reported higher increases in utilization by financially vulnerable patients, suggesting the policy reduced disparities in preventive care delivery



**ISSUE BRIEF**

January 11, 2022

HP-2022-01

## Access to Preventive Services without Cost-Sharing: Evidence from the Affordable Care Act

Research examining the impact of the Affordable Care Act suggests that millions of individuals have benefitted from increased access to care and coverage of clinical preventive services without cost-sharing.

## Utilization Impact of Cost-Sharing Elimination for Preventive Care Services: A Rapid Review

Hope C. Norris<sup>1,2</sup> , Haley M. Richardson<sup>1</sup>,  
Marie-Anais C. Benoit<sup>1,3</sup> , Beth Shrosbree<sup>1</sup>,  
Judith E. Smith<sup>1</sup>, and A. Mark Fendrick<sup>1</sup>



# Impact of ACA Sec 2713: COVID-19 Testing and Vaccines Provided without Cost-sharing



# Colorectal Cancer: Screening

October 15, 2008

Population	Recommendation	Grade
Adults, beginning at age 50 years and continuing until age 75 years	The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years. The risks and benefits of these screening methods vary.	<b>A</b>
Adults age 76 to 85 years	The USPSTF recommends against routine screening for colorectal cancer in adults 76 to 85 years of age. There may be considerations that support colorectal cancer screening in an individual patient.	<b>C</b>
Adults older than age 85 years	The USPSTF recommends against screening for colorectal cancer in adults older than age 85 years.	<b>D</b>
Computed Tomographic Colonography and Fecal DNA testing as screening modalities	The USPSTF concludes that the evidence is insufficient to assess the benefits and harms of computed tomographic colonography and fecal DNA testing as screening modalities for colorectal cancer.	<b>I</b>

# Removing Financial Barriers for Colorectal Cancer Screening: Waiving Cost-sharing Does not Ensure that Recommendations are Followed

## Waiving Cost Sharing for Screening Colonoscopy; Free, but Not Clear

CLINICAL GASTROENTEROLOGY AND HEPATOLOGY 2012;10:767-768

- Even when faced with no out-of-pocket costs, a substantial minority of people do not adhere to potentially lifesaving clinical services
- Cancer screening process may require multiple steps to determine if cancer is present (or not)
- Free doesn't always mean free

***When Free Isn't Really Free***



# Screening for Colorectal Cancer: When Free Isn't Really Free

## Problem #1: Polypectomy Performed During 'Screening' Colonoscopy

### Coding of 'screening' colonoscopy

If a polypectomy is performed, the colonoscopy can be reclassified as 'diagnostic' and coinsurance may no longer be waived.

"The billing distinction between screening and diagnostic testing is a technical one," said Dr. A. Mark Fendrick, director of the University of Michigan's Center for Value-Based Insurance Design. "The federal government should clarify that commercial plans and Medicare should fully cover all the required steps to diagnose cancer or another problem, not just the first screening test."



# Screening for Colorectal Cancer: When Free Isn't Really Free

## Problem #1 Fixed: Polypectomy Performed During 'Screening' Colonoscopy

August 2015 - Affordable Care Act Implementation FAQs - Set 12:  
Commercial plans may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.

December 2020 - The Removing Barriers to Colorectal Cancer Screening Act:  
Eliminates cost-sharing for Medicare patients if a polyp is detected and removed during a screening colonoscopy.

# Screening for Colorectal Cancer: When Free Isn't Really Free

## Problem #2: Surprise Billing After “Free” Screening Colonoscopy

- 1 in 8 commercially insured patients who underwent an elective colonoscopy performed by an in-network provider received “surprise” bills for out-of-network expenses, often totaling hundreds of dollars
- Anesthesiologists and pathologists frequently out of network

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Letters | March 2021

### Surprise Billing for Colonoscopy: The Scope of the Problem

James M. Scheiman, MD , A. Mark Fendrick, MD, Ushapoorna Nuliyalu, MPH, Andrew M. Ryan, PhD ,

Karan R. Chhabra, MD, MSc  [View fewer authors](#) 

[Author, Article, and Disclosure Information](#)

# Ending Surprise Medical Bills

See how new rules help protect people from surprise medical bills and remove consumers from payment disputes between a provider or health care facility and their health plan

Performance of colonoscopy after positive initial CRC screening test is essential, but follow-up is suboptimal

- Same day colonoscopy after positive sigmoidoscopy (2000)

### **A Randomized, Controlled Trial to Assess a Novel Colorectal Cancer Screening Strategy: The Conversion Strategy**

**A Comparison of Sequential Sigmoidoscopy and Colonoscopy With Immediate Conversion From Sigmoidoscopy to Colonoscopy in Patients With an Abnormal Screening Sigmoidoscopy**

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Mark A. Stern, M.D., A. Mark Fendrick, M.D., W. Michael McDonnell, M.D., Naresh Gunaratnam, M.D., Richard Moseley, M.D., and William D. Chey, M.D., F.A.C.P., F.A.C.G.



# Screening for Colorectal Cancer: When Free Isn't Really Free

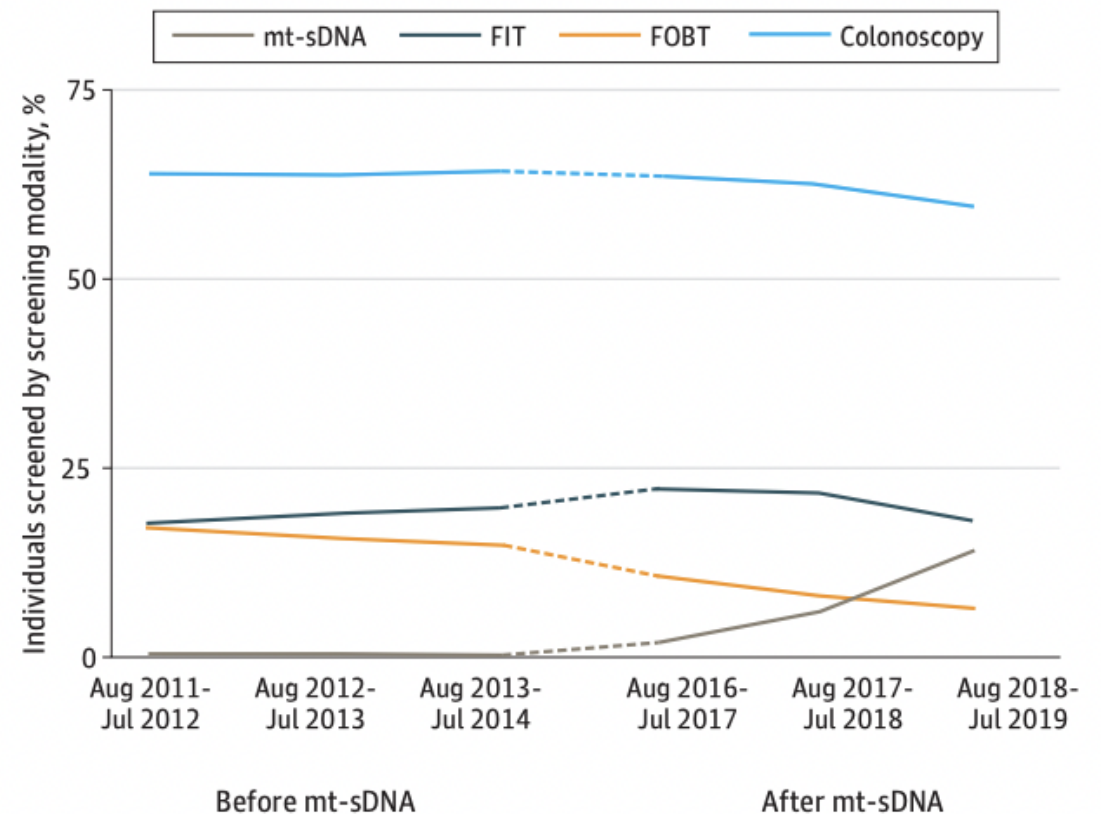
## Problem #3: Out-of-pocket Costs for Colonoscopy After Positive Initial CRC Screening

### Utilization of a Colorectal Cancer Screening Test Among Individuals With Average Risk

Deborah A. Fisher, MD; Nicole Prinic, MS; Lesley-Ann Miller-Wilson, PhD; Kathleen Wilson, MPH; A. Mark Fe

- Use of non-invasive CRC screening modalities is increasing, necessitating new strategies to ensure follow-up colonoscopy

Figure 3. Screening Patterns Among All Individuals Aged 50 to 75 Years Who Were Due for Screening and Newly Screened



# Clinical and Economic Impact of CRC Screening Depends on Patient Characteristics, Screening Modality Used, Adherence, and Colonoscopy Follow-up

JOURNAL OF MEDICAL ECONOMICS  
2021, VOL. 24, NO. 1, 654-664  
<https://doi.org/10.1080/13696998.2021.1922240>



## Real-world cost-effectiveness of stool-based colorectal cancer screening in a Medicare population

Deborah A. Fisher<sup>a</sup>, Jordan J. Karlitz<sup>b</sup>, Sushanth Jeyakumar<sup>c</sup>, Nathaniel Smith<sup>c</sup>, Paul Limburg<sup>d</sup>, David Lieberman<sup>e</sup>, and A. Mark Fendrick <sup>f</sup>

CANCER PREVENTION RESEARCH | RESEARCH BRIEF

## Impact of Patient Adherence to Stool-Based Colorectal Cancer Screening and Colonoscopy Following a Positive Test on Clinical Outcomes

A. Mark Fendrick<sup>1,2</sup>, Deborah A. Fisher<sup>3</sup>, Leila Saoud<sup>4</sup>, A. Burak Ozbay<sup>4</sup>, Jordan J. Karlitz<sup>5</sup>, Paul J. Limburg<sup>6</sup>



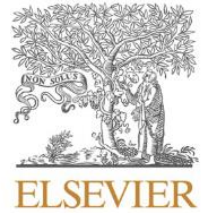
 Free Access

## As tests evolve and costs of cancer care rise: reappraising stool-based screening for colorectal neoplasia

M. PAREKH, A. M. FENDRICK, U. LADABAUM

First published: 30 January 2008 | <https://doi.org/10.1111/j.1365-2036.2008.03632.x> | Citations: 52

# The Clinical and Economic Impact of Screening and Follow-up Colonoscopy are Enhanced as Cancer Risk Increases



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

## Preventive Medicine Reports

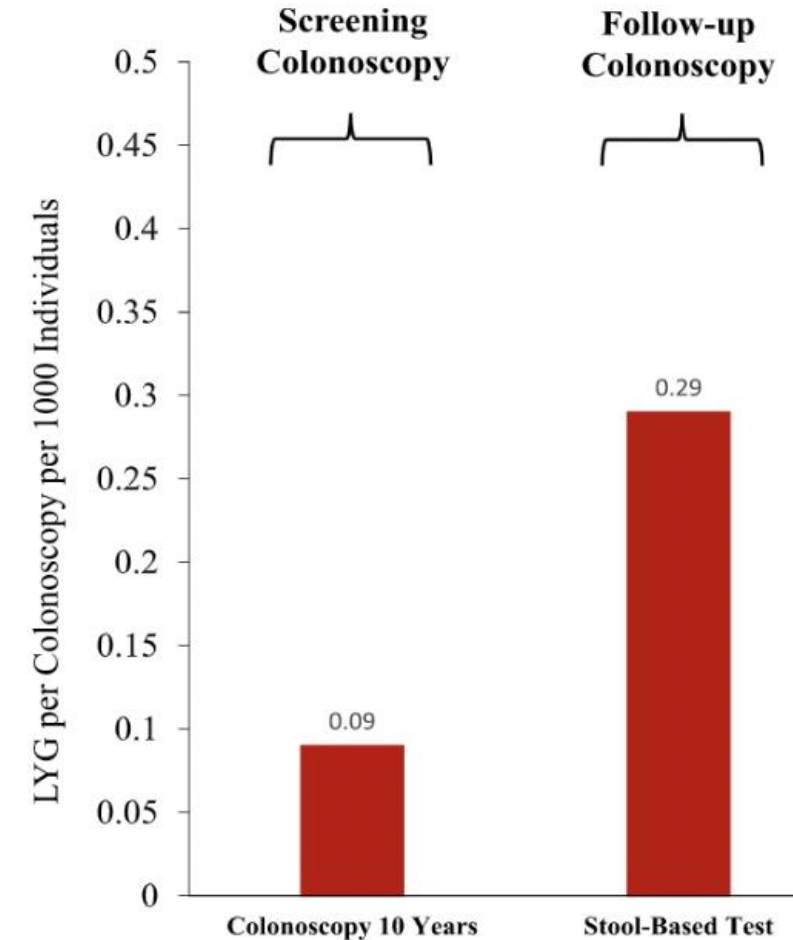
journal homepage: [www.elsevier.com/locate/pmedr](http://www.elsevier.com/locate/pmedr)

Short communication

Life-years gained resulting from screening colonoscopy compared with follow-up colonoscopy after a positive stool-based colorectal screening test

A. Mark Fendrick<sup>a,\*</sup>, Bijan J. Borah<sup>b</sup>, A. Burak Ozbay<sup>c</sup>, Leila Saoud<sup>c</sup>, Paul J. Limburg<sup>d</sup>

Compared to when colonoscopy is used as the initial CRC screening test, follow-up colonoscopy after a positive non-invasive screening test prevents twice as many deaths from colorectal cancer.



LYG  
Colonoscopies  
LYG/Colonoscopy

	Colonoscopy 10 Years	Stool-Based Test
LYG	281.1	267.7
Colonoscopies	3,139	935
LYG/Colonoscopy	0.09	0.29

# Screening for Colorectal Cancer: When Free Isn't Really Free

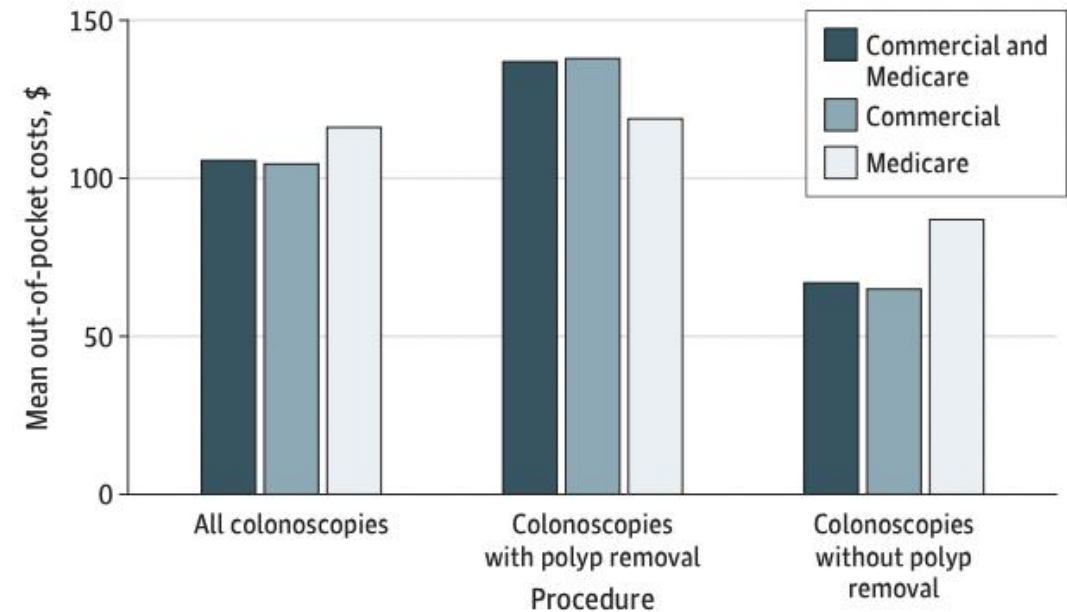
## Out-of-pocket Costs for Colonoscopy After Non-invasive CRC screening

### Out-of-Pocket Costs for Colonoscopy After Noninvasive Colorectal Cancer Screening Among US Adults With Commercial and Medicare Insurance

A. Mark Fendrick, MD; Nicole Prinic, MS; Lesley-Ann Miller-Wilson, PhD; Kathleen Wilson, MPH; Paul Limburg, MD

Out-of-pocket costs for follow-up colonoscopy after a non-invasive screening test were incurred by nearly half of commercially insured patients and > 75% of those covered by Medicare.

Figure. Mean Out-of-Pocket Costs of Subsequent Colonoscopy in the 6 Months After Stool-Based Test With and Without Polypectomy, Overall and by Payer





# Screening for Colorectal Cancer: When Free Isn't Really Free

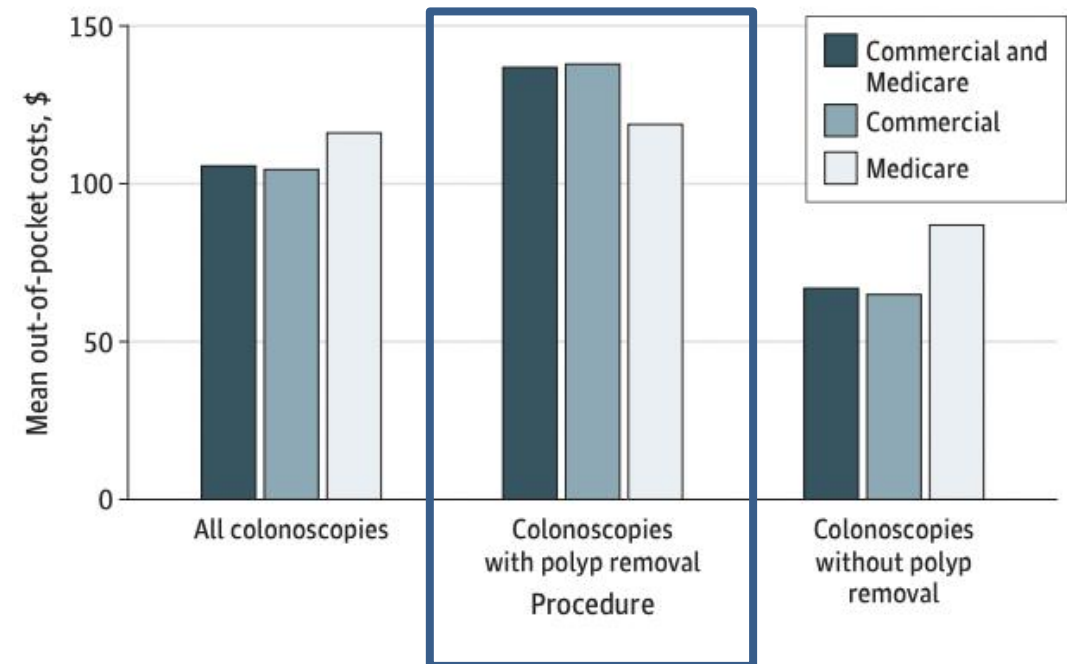
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A. Mark Fendrick, MD; Nicole Prinic, MS; Lesley-Ann Miller-Wilson, PhD; Kathleen Wilson, MPH; Paul Limburg, MD

- Out-of-pocket costs for follow-up colonoscopy increased if polyp removal was performed.

Figure. Mean Out-of-Pocket Costs of Subsequent Colonoscopy in the 6 Months After Stool-Based Test With and Without Polypectomy, Overall and by Payer



# Screening for Colorectal Cancer: When Free Isn't Really Free Don't Publish and Perish – Media Outreach

**February 9, 2022**

## **Follow-up costs can add up if a free cancer screening shows a potential problem**

[Home](#) | [IHPI News](#) | [Follow-Up Costs Can Add Up If A Free Cancer Screening Shows A Potential Problem](#)

Research aims to inform policy and improve equity by showing patients' out-of-pocket costs for the rest of the screening process for colon, cervical, lung and breast cancer.

# Screening for Colorectal Cancer: When Free Isn't Really Free Don't Publish and Perish – Media Outreach



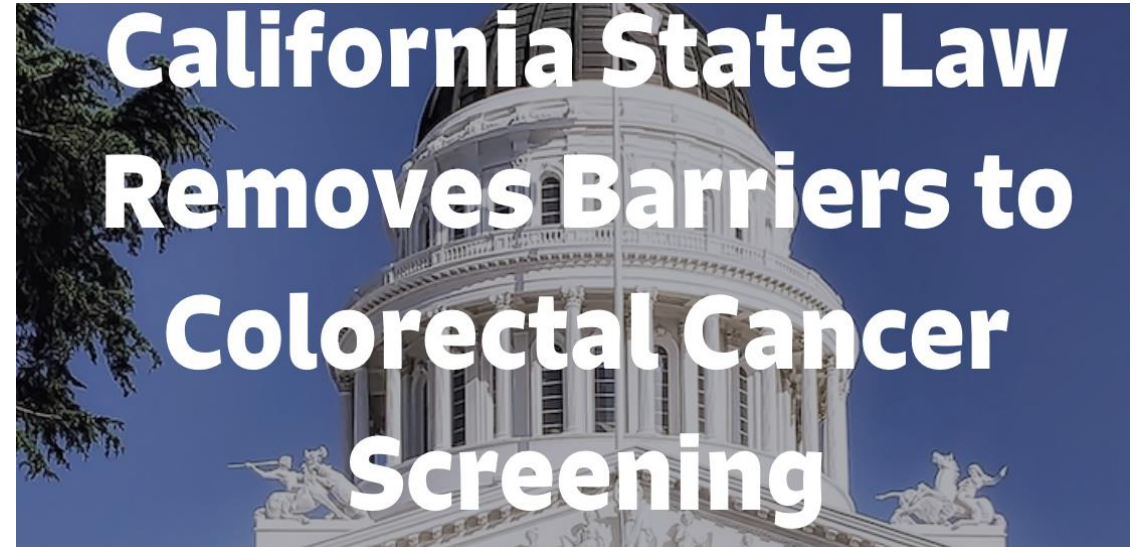
V-BID



# Out-of-pocket Costs for Colonoscopy After Non-invasive CRC screening State Regulations to Eliminate Cost-Sharing for follow-up Colonoscopy

States passed legislation removing cost-sharing:

- Kentucky
- Oregon
- California



*Californians Will Now Have Coverage For The Full Spectrum Of Colorectal Cancer Screening, Including The Necessary Colonoscopy Following A Positive Non-Invasive Screening Test.*



# Impact of State Regulations to Eliminate Cost-Sharing for follow-up Colonoscopy



Research Letter | Health Policy

## Comparison of Screening Colonoscopy Rates After Positive Noninvasive Testing for Colorectal Cancer in States With and Without Cost-Sharing

Douglas Barthold, PhD; Kai Yeung, PharmD, PhD; David Lieberman, MD; A. Mark Fendrick, MD

- Small Increase in overall screening rates (Oregon, not Kentucky)
- No increase in follow-up colonoscopy rates
- Shift in initial screening modality from colonoscopy to non-invasive methods

# FAQS ABOUT AFFORDABLE CARE ACT IMPLEMENTATION PART 51, FAMILIES FIRST CORONAVIRUS RESPONSE ACT AND CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT IMPLEMENTATION

January 10, 2022

**Q7: Are plans and issuers required to cover, without the imposition of any cost sharing, a follow-up colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization test (e.g., sigmoidoscopy, CT colonography)?**

Yes. A plan or issuer must cover and may not impose cost sharing with respect to a colonoscopy conducted after a positive non-invasive stool-based screening test or direct visualization screening test for colorectal cancer for individuals described in the USPSTF recommendation.

As stated in the May 18, 2021 USPSTF recommendation, the follow-up colonoscopy is an integral part of the preventive screening without which the screening would not be complete.<sup>31</sup> The follow-up colonoscopy after a positive non-invasive stool-based screening test or direct visualization screening test is therefore required to be covered without cost sharing in accordance with the requirements of PHS Act section 2713 and its implementing regulations.

# Screening for Colorectal Cancer: When Free Isn't Really Free

## Eliminating Out-of-pocket Costs for Colonoscopy After Non-invasive screening

Cancer Type	Commercial Insurers	Medicare
		

Attention now turns to Medicare

## Making the Policy Case: Regulatory Authority

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2021 USPSTF  
recommendations give  
Medicare the authority  
to cover follow-up  
colonoscopy without  
cost-sharing.

Final Recommendation Statement

## Colorectal Cancer: Screening

May 18, 2021

“Positive results on stool-based screening tests require follow-up with colonoscopy for the screening benefits to be achieved.”



## Focus on Medicare: Making the Policy Case

President's 2022 Cancer Panel Report highlights access to cancer screening and explicitly addresses coverage for follow-up care.



**CLOSING GAPS IN CANCER SCREENING:**  
Connecting People, Communities, and Systems  
to Improve Equity and Access

# Making the Policy Case: Demonstrating Clinical and Economic Impact of Waiving Cost-Sharing for Colonoscopy After Non-invasive screening

CANCER PREVENTION RESEARCH | RESEARCH BRIEF

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## **Cost-Effectiveness of Waiving Coinsurance for Follow-Up Colonoscopy after a Positive Stool-Based Colorectal Screening Test in a Medicare Population**

A. Mark Fendrick<sup>1</sup>, David Lieberman<sup>2</sup>, Vahab Vahdat<sup>3</sup>, Jing Voon Chen<sup>3</sup>, A. Burak Ozbay<sup>3</sup>, and Paul J. Limburg<sup>4</sup>

Waiving coinsurance for follow-up colonoscopy after a positive stool-based test improved patient outcomes and was cost-effective -- and potentially cost-saving -- to the Medicare program when CRC screening and/or follow-up colonoscopy adherence modestly increased.

## Making the Policy Case: Align with Policy Agenda

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Removing patient barriers to cancer screening follow-up care would be an important deliverable for the Biden Administration Cancer Moonshot.

### HEALTH AFFAIRS FOREFRONT

#### RELATED TOPICS:

CANCER | HEALTH EQUITY | CANCER SCREENING | PATIENT TESTING | CANCER PATIENTS  
| OUT-OF-POCKET EXPENSES | ACCESS TO CARE | HEALTH DISPARITIES

## Expanding Coverage For Early Detection: One Small Step For The Cancer Moonshot, One Giant Leap For Health Equity

[A. Mark Fendrick](#)

MARCH 23, 2022

10.1377/forefront.20220322.171614

## Align with Policy Agenda: Enhance Health Equity

- Vulnerable populations and Black Americans are disproportionately impacted by colorectal cancer
- COVID-19 pandemic has worsened disparities

# Disparities in Colon Cancer Screening in the Medicare Population

Ashwin N. Ananthakrishnan, MD, MPH; Kenneth G. Schellhase, MD, MPH; Rodney A. Sparapani, MS; Purushottam W. Laud, PhD; Joan M. Neuner, MD, MPH

## Millions Of Women Skipped Cancer Screenings Because Of Covid Pandemic, Study Suggests

Madeline Halpert Forbes Staff

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Original Investigation | Oncology

## Racial and Ethnic Disparities in Cancer Care During the COVID-19 Pandemic

Manali I. Patel, MD, MPH, MS; Jacqueline M. Ferguson, PhD; Eida Castro, PsyD, MS; Cristina D. Pereira-Estremera, PhD; Guillermo N. Armaiz-Peña, PhD; Ysabel Duron, BA; Fay Hlubocky, PhD, MA; Analynn Infantado, MD; Bles Nuqui, MD; Donna Julian, BS, MT, CCRC; Nii Nortey, MSc; Alexandra Steck, BA; Melissa Bondy, PhD; Shail Maingi, MD



# Making the Policy Case: Obtain Endorsements from Key Professional Societies

- The American Cancer Society, American College of Radiology, National Colorectal Cancer Roundtable, and American Gastroenterological Association all state that follow-up colonoscopy is an integral part of the screening process that should be covered with no patient cost

## **Reducing the Burden of Colorectal Cancer: AGA Position Statements**

David Lieberman,<sup>1,\*</sup> Uri Ladabaum,<sup>2,\*</sup> Joel V. Brill,<sup>3,4</sup> Folasade P. May,<sup>5,6,7</sup> Lawrence S. Kim,<sup>8</sup> Caitlin Murphy,<sup>9</sup> Richard Wender,<sup>10</sup> and Kathleen Teixeira<sup>11</sup>

### **Statement #4**

*Co-pays and deductibles are barriers to screening and contribute to socioeconomic disparities. The full cost of screening should be covered by payers without cost sharing.*

# Making the Policy Case: Write to Key Decisionmakers



Congress of the United States  
Washington, DC 20515

March 14, 2022

Ms. Chiquita Brooks-LaSure  
Administrator  
U.S. Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

We are writing to request that the Centers for Medicare & Medicaid Services update Medicare coverage policies to remove cost sharing for follow-up colonoscopy after a non-invasive screening test, consistent with the recommendations included in the President's Cancer Panel report<sup>1</sup> and the January 2022 the Tri-Agencies guidance clarifying that private plans must cover follow-up colonoscopies after a positive non-invasive stool test.<sup>2</sup> Ensuring coverage of the follow-up colonoscopy at no cost-sharing to the patient is critical to a complete screening to detect and treat colorectal cancer.

February 28, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Administrator Brooks-LaSure:

Early and regular screening and testing of diseases, including colorectal cancers that disproportionately impact minority communities, is a proven way of closing gaps in health equity. Members of the Congressional Black Caucus respectfully urge CMS to continue its hard work to close the health disparities gap in colorectal cancer screenings by ensuring Medicare beneficiaries have access to affordable colorectal cancer screenings.

“We propose to expand the regulatory definition of colorectal cancer screening tests to include a follow-up colonoscopy after a Medicare covered non-invasive colorectal cancer screening test returns a positive result.”

Making the Policy Case:  
Work with Media to Get the Message Out

# ‘Free’ Screening? Know Your Rights to Get No-Cost Care

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By [Julie Appleby](#)

JULY 6, 2022

More recently, [federal guidance](#) clarified that patients cannot be charged for colonoscopies ordered following suspicious findings on stool-based tests, such as those mailed to patients’ homes, or colon exams using CT scanners.

The rules apply to job-based and other commercial insurance with one caveat: They go into effect for policies whose plan years start in May, so some patients with calendar-year coverage may not yet be included.

But, he noted, Medicare is not included. He and others are urging Medicare to follow suit.

At that point, it will be “a gigantic win,” said Dr. Mark Fendrick, director of the University of Michigan’s Center for Value-Based Insurance Design.

# Calendar Year (CY) 2023 Medicare Physician Fee Schedule Proposed Rule

Jul 07, 2022 | Medicare Parts A & B

## Colorectal Cancer Screening

For CY 2023, we are proposing two updates to expand our Medicare coverage policies for colorectal cancer screening in order to align with recent United States Preventive Services Task Force and professional society recommendations. First, we are proposing to expand Medicare coverage for certain colorectal cancer screening tests by reducing the minimum age payment limitation to 45 years. Second, we are proposing to expand the regulatory definition of colorectal cancer screening tests to include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based colorectal cancer screening test returns a positive result. Both of these proposals reflect our desire to expand access to quality care and to improve health outcomes for patients through prevention and early detection services, as well as through effective treatments.



# Proposed Medicare Rule Would Remove Barriers to Colorectal Cancer Screening

ELIMINATING COST SHARING FOR COMPLETE SCREENING WILL REDUCE HEALTH DISPARITIES AND SAVE LIVES FOR MEDICARE BENEFICIARIES





July 8, 2022

“This is a win for all patients and should elevate our nation’s screening rates while lowering the overall cancer burden and saving lives. Importantly, the CMS proposed rule changes will lessen colorectal cancer disparities, eliminating a financial burden for many patients.”



John Carethers, MD, AGA president

# When Free Isn't Really Free: One "Gigantic Win," 3 Cancers to go

Cancer Type	Commercial Insurers	Medicare
	✓	✓
		
		
		

# Average out-of-pocket costs for tests after a free cancer screening

**Colonoscopy after positive stool test result:**

**FIXED**

**\$100**

**Imaging & biopsy after suspicious mammogram:**

**\$152**

**Biopsy after suspicious Pap smear or cervical exam:**

**\$155**

**Follow-up tests after lung cancer screening CT scan:**

**\$424**

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HEALTH

## Preventive screenings like mammograms may be free, but follow-up tests can bring big bills

BY MICHELLE ANDREWS

JUNE 9, 2022 / 3:14 PM / KAISER HEALTH NEWS



NEWS

## Ohio expanded breast cancer screening coverage. Will the nation follow?



**Brooks Sutherland**  
Cincinnati Enquirer

Published 10:00 p.m. ET June 30, 2022

Keep Beating the Drum and Engage Others  
so that the Beat Gets Louder

Commentary

## Coverage for the Entire Cervical Cancer Screening Process Without Cost-Sharing: Lessons From Colorectal Cancer Screening

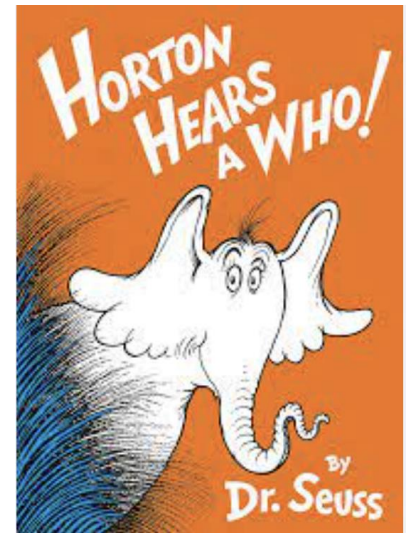
Allison Ruff, MD, MPHE<sup>a,\*</sup>, Diane M. Harper, MD, MPH, MS<sup>b,c,d</sup>,  
Vanessa Dalton, MD<sup>c</sup>, A. Mark Fendrick, MD, MPH<sup>a</sup>

**Invited Commentary** | Health Policy

March 27, 2023

## Eliminating Financial Barriers to Breast Cancer Screening—When Free Is Not Really Free

Ilana B. Richman, MD, MHS<sup>1</sup>; A. Mark Fendrick, MD<sup>2</sup>





## Making the Policy Case:

### Obtain Endorsements from Key Stakeholders

- The American Cancer Society, Community Oncology Alliance, and several patient advocacy groups all support that follow-up diagnostic testing in an integral part of the screening process that should be covered with no patient cost

## **American Cancer Society Position Statement on the Elimination of Patient Cost- Sharing Associated with Cancer Screening and Follow-up Testing**

### **Position Statement**

It is the position of the American Cancer Society (ACS) that cancer screening should be understood as a continuum of testing rather than a single recommended screening test, and that irrespective of individual risk, screening is a process that includes a recommended screening test and all follow-up tests described as diagnostic and judged to be integral and necessary to resolve the question of whether an adult undergoing screening has cancer.

# Making the Policy Case: Engage Key Decisionmakers

## Letter from Senator Hassan to Administration Officials

Dear Secretary Becerra, Secretary Walsh, and Secretary Yellen,

Cancer is the second-leading cause of death in America, with over 600,000 deaths in 2022 alone.<sup>1</sup> To maximize early detection and successful treatment, millions of Americans are screened for cancer every year – a critical preventative process that saves time, money, and lives. Congress passed the Affordable Care Act (ACA), which guarantees no-cost coverage of preventative screenings, in order to ensure that every American can access these tests. In practice, a positive diagnosis of cancer is never made on the first screening; it is always a multi-step process. However, patients have struggled to afford these follow-up tests that doctors agree are necessary to complete the screening process. I urge your departments to take action extend existing patient protections to ensure that all Americans can have no-cost coverage of follow-up tests for cancer diagnoses.

# Closing the Cancer Screening Coverage Gap: A Work in Progress

## Reflections

- Rigorous research is important to motivate policy change, but is not enough
- There is a playbook for effective advocacy – get trained
- Learn from other successes
- It takes a village
- Inertia is hard to overcome
- Patience is a virtue



*“If we don’t succeed then we will fail.”*

Dan Quayle



[www.vbidcenter.org](http://www.vbidcenter.org)

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Thank you

Questions?

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