



Cancer Screening Coverage Toolkit – Colorectal and Breast Cancer

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COLORECTAL CANCER SCREENING COST SHARING

The goal of state legislation is to ensure that patients have access to health insurance coverage for colorectal cancer screenings without out-of-pocket cost sharing as mandated by the Affordable Care Act.

Colorectal cancer is the third most common cancer and second leading cause of cancer related death in the United States. An estimated 135,000 people are diagnosed with colorectal cancer annually, while an estimated 50,000 will die of the cancer in the United States in 2016.

Treating colorectal cancer is estimated to cost between \$12 and \$14 billion each year in the United States with an annual treatment cost for an individual with an advanced case exceeding \$300,000 a year. While colonoscopy is one of the more expensive preventative treatments covered under the ACA, the screening has the potential to prevent colorectal cancer because it can detect precancerous growths, called polyps, before the cancer reaches advanced stages. Early detection by colonoscopy reduces long term costs for treatment, and can save lives.

The potential for unexpected out-of-pocket costs associated with colorectal cancer screenings is the main deterrent for people to getting screened. Insurance coverage varies greatly on when and what they will cover with no cost-sharing for patients.

Patients can encounter unexpected cost-sharing for screening colonoscopy under three different clinical circumstances: 1) when a polyp is detected and removed during a screening colonoscopy; 2) when a colonoscopy is performed as part of a two-step screening process following a positive stool blood test; and, 3) when the individual is at increased risk for colorectal cancer and may receive earlier or more frequent screening compared with average risk adults.

The three coverage “loopholes” have created confusion amongst patients and have had the consequence of discouraging patients from undergoing colorectal cancer screenings, especially colonoscopies, despite the high rate of early detection and successful treatment of colorectal cancer.

COLORECTAL CANCER SCREENING COVERAGE TALKING POINTS

Ensuring patients have access to health insurance coverage of life saving colorectal cancer prevention screenings without cost-sharing.

Background

- Colorectal Cancer is the third most common cancer and cause of death in men and women in the United States.
- An estimated 135,000 people are diagnosed with colorectal cancer in the United States annually, while an estimated 49,190 will die in 2016.¹
- Treating colorectal cancer is estimated to cost \$12 to \$14 billion each year in the United States with annual treatment costs for an individual advanced case may exceed \$300,000 a year.²
- Screening has the potential to prevent colorectal cancer because it can detect precancerous growths, called polyps, before it becomes uncontrollable, saving lives and reducing long term costs for treatment.

Cost-Sharing Problem

- The potential for unexpected out-of-pocket costs of screening for colorectal cancer is the main deterrent for people to get screened.
- Insurance coverage and provider coding guidelines varies greatly on when and what they will cover with no cost-sharing for colorectal cancer screening.
- Patients can encounter unexpected cost-sharing for screening colonoscopy under three different clinical circumstances:
 - when a polyp is detected and removed during a screening colonoscopy
 - when a colonoscopy is performed as part of a two-step screening process following a positive stool blood test
 - when the individual is at increased risk for colorectal cancer and may receive earlier or more frequent screening compared with average risk adults

Fix

- Clarify definition of “screening”
- Support concept of “screening continuum”
- Standardize insurance coding practices for colorectal cancer screenings, CPT modifier 33

¹ Key statistics for colorectal cancer. American Cancer Society. 01/20/2016. (accessed 12/19/16 at <http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-key-statistics>)

² Pollitz K, Lucia K, Keith K, et al. Coverage of Colonoscopies Under the Affordable Care Act’s Prevention Benefit. 2012



SAMPLE LEGISLATION – 2016 California AB 1763 (Vetoed by Governor)

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Assembly Bill No. 1763

Passed the Assembly August 23, 2016

Chief Clerk of the Assembly

Passed the Senate August 18, 2016

Secretary of the Senate

This bill was received by the Governor this ____ day
of _____, 2016, at ____ o'clock ____m.

Private Secretary of the Governor

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Governor's Veto Message

To the Members of the California State Assembly:

I am returning Assembly Bill 1763 without my signature.

This bill imposes a no cost sharing mandate on health plans and insurance policies for colorectal cancer screening services that exceeds the requirements of the federal Affordable Care Act.

I understand the importance of preventative health care services, and in particular, screening for various types of cancer. I believe, however, the cost sharing rules for these services as set in the Affordable Care Act are sufficient. Moreover, creating a no cost sharing rule for colorectal cancer sets it apart from all other cancers and contributes to increasing everyone's health care costs.

Sincerely,
Edmund G. Brown Jr.



SAMPLE CHAPTER LETTER OF SUPPORT

The Honorable NAME
ADDRESS

Dear Representative/Senator NAME:

On behalf of the STATE Chapter of the American College of Surgeons representing over XX,XXX members in STATE, I am writing to voice our support for BILL #. This legislation eliminates financial and structural barriers to lifesaving colorectal screenings, and removes financial barriers for screening colonoscopy, whether done as a preventive test or because of a positive finding on another screening modality.

Colorectal cancer is the second leading cause of cancer deaths in the United States, with approximately 50,000 Americans expected to die from colorectal cancer this year. Last year, it was estimated that XX,XXX new cases of colorectal cancer were diagnosed in STATE, with roughly X,XXX California residents expected to die from the disease.

Early detection saves lives and improves patient outcomes. STATE surgeons are committed to the provision of quality surgical care for colorectal cancer patients, and support improved access to preventive services such as screening for this deadly disease.

Thank you for the opportunity to express our support for BILL #. We appreciate your consideration of our position, and ask that you sign into law this important cancer screening legislation.

Sincerely,

NAME, MD, FACS
President, STATE Chapter of the American College of Surgeons

SAMPLE ACTION ALERT

Take Action to Ensure Access to Colorectal Screenings in STATE

The SENATE/HOUSE (COMMITTEE) is expected to vote on BILL # that will eliminate financial and structural barriers to lifesaving colorectal screening and remove financial barriers for screening colonoscopy in STATE.

Please take a moment to contact your Representative/Senator to ask them to support BILL # and share with them the importance of clear standards for surgery to protect the safety and wellbeing of patients.

Message to Legislators

I am writing you today to ask you to support BILL # sponsored by LEGISLATOR that will establish a ensure patients have access to life saving colorectal cancer screenings in STATE.

This legislation eliminates financial and structural barriers to lifesaving colorectal screenings, and removes financial barriers for screening colonoscopy, whether done as a preventive test or because of a positive finding on another screening modality.

The American College of Surgeons strongly believes early detection saves lives and improves patient outcomes. STATE surgeons are committed to the provision of quality surgical care for colorectal cancer patients, and support improved access to preventive services such as screening for this deadly disease.

I urge you to support BILL #.

Thank you.

DIGITAL (3D) BREAST TOMOSYNTHESIS COVERAGE EXPANSION

Digital Breast Tomosynthesis is a mammography screening test that creates a 3-dimensional image of the breast from multiple x-ray images. The screening was approved by the US Food and Drug Administration in 2011. While not as common as traditional digital 2D mammography screenings, tomosynthesis is becoming more prevalent. Proponents for the screening procedure tout the benefits of tomosynthesis as advancement from 2D screenings resulting in an increase in breast cancer detection rates and a decrease in call backs for additional screenings.

As a result increasing usage, insurance companies have been instituting differing decisions about including tomosynthesis screening coverage in their policies. Several regional and national health plans including Aetna and Cigna have updated their policies to include coverage for tomosynthesis, while others do not cover the screening.³

State legislators are being asked by advocates of the screening to expand state breast cancer screening coverage laws to include tomosynthesis screenings. Thus far, **Arkansas, Connecticut, Illinois, Kentucky, New York, Maryland, Pennsylvania** and **Texas** have enacted laws that mandate coverage for tomosynthesis coverage. In **New Jersey** patients become eligible for digital breast tomosynthesis after undergoing a baseline mammogram examination under the state's breast cancer screening mandate so long as the patient's initial screening is considered abnormal, the screening reveals extremely dense breast tissue, or the patient has additional risk factors for breast cancer.

The American College of Surgeons supports expanding insurance coverage for screening procedures that can increase the likelihood of detecting cancer early and improve the chances for patient survival.

³ www.americansforbreasthealth.com, accessed December 11, 2017



SAMPLE LEGISLATION - 2017 New York A.5677

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STATE OF NEW YORK

5677

2017-2018 Regular Sessions

IN ASSEMBLY

February 14, 2017

Introduced by M. of A. SEAWRIGHT, BRINDISI -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law, in relation to health insurance coverage for mammography by breast tomosynthesis

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 Section 1. Subparagraphs (A) and (C) of paragraph (11) of subsection
2 (i) of section 3216 of the insurance law, as amended by chapter 219 of
3 the laws of 2011, are amended to read as follows:
4 (A) Every policy that provides coverage for hospital, surgical or
5 medical care shall provide the following coverage for mammography
6 screening for occult breast cancer:
7 (i) upon the recommendation of a physician, a mammogram, WHICH MAY BE
8 PROVIDED BY BREAST TOMOSYNTHESIS, at any age for covered persons having
9 a prior history of breast cancer or who have a first degree relative
10 with a prior history of breast cancer;
11 (ii) a single baseline mammogram, WHICH MAY BE PROVIDED BY BREAST
12 TOMOSYNTHESIS, for covered persons aged thirty-five through thirty-nine,
13 inclusive; and
14 (iii) an annual mammogram, WHICH MAY BE PROVIDED BY BREAST TOMOSYNTHE-
15 SIS, for covered persons aged forty and older.
16 (C) For purposes of subparagraphs (A) and (B) of this paragraph,
17 mammography screening means an X-ray examination of the breast using
18 dedicated equipment, including X-ray tube, filter, compression device,
19 screens, films and cassettes, with an average glandular radiation dose
20 less than 0.5 rem per view per breast; PROVIDED, HOWEVER, THAT MAMMOGRA-
21 PHY SCREENING SHALL ALSO INCLUDE BREAST TOMOSYNTHESIS.
22 S 2. Subparagraphs (A) and (C) of paragraph (11) of subsection (1) of
23 section 3221 of the insurance law, as amended by chapter 219 of the laws
24 of 2011, are amended to read as follows:

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

LBD07634-01-7

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SAMPLE CHAPTER LETTER OF SUPPORT

The Honorable NAME
ADDRESS

Dear Representative/Senator NAME:

On behalf of the STATE Chapter of the American College of Surgeons representing over XX,XXX members in STATE, I am writing to voice our support for BILL #. This legislation expands coverage for digital breast tomosynthesis an advanced breast cancer screening.

Digital Breast Tomosynthesis is a mammography screening test that creates a 3-dimensional image of the breast from multiple x-ray images. The screening was approved by the US Food and Drug Administration in 2011. Tomosynthesis is a technological advancement from traditional 2-dimensional mammography screening and improves the chances of detecting breast cancer early and reducing the need for additional follow-up screenings.

Early detection saves lives and improves patient outcomes. STATE surgeons are committed to the provision of quality surgical care for breast cancer patients, and support improved access to preventive services such as screening for this deadly disease.

Thank you for the opportunity to express our support for BILL #. We appreciate your consideration of our position, and ask that you sign into law this important cancer screening legislation.

Sincerely,

NAME, MD, FACS
President, STATE Chapter of the American College of Surgeons

SAMPLE ACTION ALERT

Take Action to Expand Access for 3D Breast Tomosynthesis Screenings in STATE

The SENATE/HOUSE (COMMITTEE) is expected to vote on BILL # that will expand coverage for 3-dimensional digital breast tomosynthesis in STATE.

Please take a moment to contact your Representative/Senator to ask them to support BILL # and share with them the importance of expanding cancer screenings to detect cancer early.

Message to Legislators

I am writing you today to ask you to support BILL # sponsored by LEGISLATOR that will establish a ensure patients have access to advanced 3D breast mammography screenings in STATE.

This legislation will expand existing state law requiring insurance coverage of breast cancer screening to include 3D digital breast tomosynthesis screenings. Approved by the FDA in 2011, Tomosynthesis is a mammography screening test that creates a 3-dimensional image of the breast from multiple x-ray images and increases the ability to detect breast cancer early and reduce the need for follow-up screenings.

The American College of Surgeons strongly believes early detection saves lives and improves patient outcomes. STATE surgeons are committed to the provision of quality surgical care for breast cancer patients, and support improved access to preventive services such as screening for this deadly disease.

I urge you to support BILL #.

Thank you.



AMERICAN COLLEGE OF SURGEONS

*Inspiring Quality:
Highest Standards, Better Outcomes*

CONTACT

For questions, requests for further information or assistance with advocacy initiatives regarding cancer related legislation, contact Christopher Johnson, State Affairs Associate at (202) 672-1502 or at CJohnson@FACS.org.