

# HB 4085



## Polyp Removal During Screening Colonoscopy Under Affordable Care Act Fact Sheet / Backgrounder

Since 2010, the federal government has required all private insurers (including self-funded employers) – with the exception of “grandfathered” plans – to cover certain preventive services without any patient cost-sharing (co-payments/ co-insurance/deductibles).

Insurers are required to provide coverage for evidence-based items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (USPSTF), an independent panel of clinicians and scientists. An “A” or “B” letter grade indicates that the panel finds there is high certainty that the services have a substantial or moderate net benefit.

Screening for colorectal cancer in adults beginning at age 50, is an “A” rated service and is required under the federal law. Colonoscopy is one of the screening methods regularly used to look for colon cancer. A major component of screening with a colonoscopy is polyp detection and removal. Over time polyps can become cancerous, as such removal is the primary way to stop cancer before it starts. Polyp removal is a routine part of screening taking place in approximately half of screening colonoscopies for patients who are at average risk of developing colorectal cancer<sup>1, 2</sup>.

On February 20, 2013 the Departments of Labor, Health and Human Services, and the Treasury released guidance describing colonoscopy coverage and cost sharing requirements<sup>3</sup>. The guidance explains that the removal of polyps, during a colonoscopy is an integral part of the procedure and therefore not subject to cost-sharing. Specifically, the guidance states:

“Based on clinical practice and comments received from the American College of Gastroenterology, American Gastroenterological Association, American Society of Gastrointestinal Endoscopy, and the Society for Gastroenterology Nurses and Associates, **polyp removal is an integral part of a colonoscopy. Accordingly, the plan or issuer may not impose cost-sharing with respect to a polyp removal during a colonoscopy performed as a screening procedure.** On the other hand, a plan or issuer may impose cost-sharing for a treatment that is not a recommended preventive service, even if the treatment results from a recommended preventive service.

As such, the American Cancer Society Cancer Action Network (ACS CAN) is working collaboratively with stakeholders and legislators, on behalf of individuals to ensure that individuals whose screening colonoscopies include polyp removal are not subject to cost sharing. We will be supporting legislation that enforces this law/guidance during the 2014 Oregon State Legislative Session.

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<sup>1</sup> Wolf HJ, Masias A. Cumulative Evaluation Report for the Colorado Colorectal Screening Program, June 1, 2006 – June 14, 2010. Project Deliverable for the Colorado Colorectal Screening Program Funded by the Cancer, Cardiovascular and Pulmonary Disease Grant program. Denver: Colorado Department of Public Health and Environment. 2010

<sup>2</sup> GI Quality Improvement Consortium Ltd. GIQuIC data registry: A joint initiative of the American College of Gastroenterology (ACG) and the American Society for Gastrointestinal Endoscopy (ASGE) In; 2012.

<sup>3</sup> [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca\\_implementation\\_faqs12.html](http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12.html)

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ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. ACS CAN works to encourage elected officials and candidates to make cancer a top national priority. ACS CAN gives ordinary people extraordinary power to fight cancer with the training and tools they need to make their voices heard. For more information, visit [www.acscan.org](http://www.acscan.org).