

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 106
(A-24)

Introduced by: American Society for Gastrointestinal Endoscopy, American College of Gastroenterology, American Gastroenterological Association

Subject: Incorporating Surveillance Colonoscopy into the Colorectal Cancer Screening Continuum

Referred to: Reference Committee A

- 1 Whereas, in 2024, an estimated 153,000 cases of colorectal cancer (CRC) will be diagnosed in
2 the United States, and a total of 53,010 people will die from this cancer¹; and
3
4 Whereas, while CRC incidence and mortality rates have been declining because, in part, of
5 screening uptake among adults ages 50 years and older, rates have increased by 1-2 percent
6 per year since the mid-1990s in those younger than 55 years of age²; and
7
8 Whereas, when detected and treated early, the five-year survival rate for CRC is 90 percent;
9 yet, early detection occurs in less than 40 percent of CRC cases³; and
10
11 Whereas, the Affordable Care Act (ACA) requires that several CRC screening modalities,
12 including colonoscopy, be covered without patient cost-sharing for eligible individuals by non-
13 grandfathered group health plans and non-grandfathered group or individual health insurance
14 coverage; and
15
16 Whereas, the Centers for Medicare and Medicaid Services recently reported 21.3 million
17 consumers signed up for 2024 individual health insurance coverage through the Marketplaces,⁴
18 with nearly 65 percent of individuals between 18-54 years of age⁵ — the same demographic
19 experiencing increased rates of CRC; and
20
21 Whereas, the U.S. Multi-Society Task Force on Colorectal Cancer recommends that
22 asymptomatic individuals undergoing screening colonoscopy seek follow-up colonoscopy
23 exams to evaluate for new polyps at specific intervals based on the findings of the exam,
24 ranging between one to 10 years⁶; and
25
26 Whereas, Medicare considers these additional, follow-up, or surveillance, colonoscopies as
27 screening exams; and
28
29 Whereas, commercial insurers regulated by the ACA routinely treat a follow-up colonoscopy
30 exam at an interval shorter than 10 years as a “diagnostic” service rather than screening or
31 surveillance, even if a patient is asymptomatic; and
32
33 Whereas, clinical evidence indicates screening colonoscopy exams, including surveillance
34 colonoscopies, and post-polypectomy follow-up play a critical role in reducing colorectal cancer
35 incidence and death; and

1 Whereas, the U.S. Department of Health and Human Services (HHS) has the authority to issue
2 written guidance that clarifies surveillance colonoscopy after an original screening colonoscopy
3 that required polyp removal is part of the screening continuum and should therefore be covered
4 without patient cost sharing as a preventive services benefit under the ACA; and
5

6 Whereas, more than 90 national and state medical societies and patient advocacy groups have
7 asked⁷ HHS to use its existing regulatory authority make this policy clarification. And, in early
8 2024, 45 members of the U.S. House of Representatives sent a similar letter⁸ to HHS, also
9 urging the same change; therefore be it

10
11 RESOLVED, that our American Medical Association Policy H-185.960, “Support for the
12 Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans” be amended by
13 addition to read as follows:

- 14
15 1. Our AMA supports health plan coverage for the full range of colorectal cancer
16 screening tests.
- 17
18 2. Our AMA will seek to eliminate cost-sharing in all health plans for the full range of
19 colorectal cancer screening and all associated costs, including colonoscopy that
20 includes a “diagnostic” intervention (i.e. the removal of a polyp or biopsy of a mass),
21 as defined by Medicare. To further this goal, the AMA will develop a coding guide to
22 promote common understanding among health care providers, payers, health care
23 information technology vendors, and patients.
- 24
25 3. Our AMA will seek to eliminate cost-sharing in all health plans for “follow-on”
26 colonoscopies performed for colorectal cancer screening and all associated costs,
27 defined as when other alternative screening tests are found to be positive.
- 28
29 4. Our AMA will seek to classify follow-up, follow-on, or surveillance, colonoscopy after
30 an original screening colonoscopy that required polyp removal as a screening service
31 under the Affordable Care Act preventive services benefit and will seek to eliminate
32 patient cost sharing in all health plans under such circumstances.

33
34 (Modify Current HOD Policy)

Fiscal Note: TBD

Received: 4/24/2024

REFERENCES

¹ American Cancer Society. Cancer Facts & Figures 2024. Atlanta: American Cancer Society; 2024.

² Ibid.

³ American Cancer Society. <https://www.cancer.org/cancer/types/colon-rectal-cancer/detection-diagnosis-staging/detection.html>
Accessed April 9, 2024.

⁴ Centers for Medicare and Medicaid Services. <https://www.cms.gov/newsroom/press-releases/celebration-10-years-aca-marketplaces-biden-harris-administration-releases-historic-enrollment-data> Accessed April 9, 2024

⁵ Kaiser Family Foundation. <https://www.kff.org/state-category/affordable-care-act/2024-marketplace-open-enrollment-period/>
Accessed April 9, 2024

⁶ Gupta S, Lieberman D, Anderson JC, Burke CA, Dominitz JA, Kaltenbach T, Robertson DJ, Shaukat A, Syngal S, Rex DK. Recommendations for Follow-Up After Colonoscopy and Polypectomy: A Consensus Update by the US Multi-Society Task Force on Colorectal Cancer. *Gastrointest Endosc.* 2020 Mar;91(3):463-485.e5. doi: 10.1016/j.gie.2020.01.014. Epub 2020 Feb 7. PMID: 32044106; PMCID: PMC7389642.

⁷ Dec. 7, 2023 letter to Secretary Becerra, Acting Secretary Su and Secretary Yellen.

<https://files.constantcontact.com/11178001701/dad95981-10b9-4c83-86e3-1f0b4c741465.pdf?rdr=true>

⁸ Jan. 10, 2024 letter to Secretary Becerra.

https://debbiedingell.house.gov/uploadedfiles/dingell_improve_access_to_colonoscopy_letter.pdf

RELEVANT AMA POLICY

Support for the Inclusion of the Benefit for Screening for Colorectal Cancer in All Health Plans H-185.960

1. Our AMA supports health plan coverage for the full range of colorectal cancer screening tests.
2. Our AMA will seek to eliminate cost-sharing in all health plans for the full range of colorectal cancer screening and all associated costs, including colonoscopy that includes a “diagnostic” intervention (i.e. the removal of a polyp or biopsy of a mass), as defined by Medicare. To further this goal, the AMA will develop a coding guide to promote common understanding among health care providers, payers, health care information technology vendors, and patients.

Citation: Res. 726, I-04 Reaffirmation I-07 Reaffirmed: CMS Rep. 01, A-17 Reaffirmed: Res. 123, A-17 Appended: CMS/CSAPH Joint Rep. 01, A-18

Encourage Appropriate Colorectal Cancer Screening H-55.967

Our AMA, in conjunction with interested organizations and societies, supports educational and public awareness programs to assure that physicians actively encourage their patients to be screened for colon cancer and precursor lesions, and to improve patient awareness of appropriate guidelines, particularly within minority populations and for all high-risk groups.

CSAPH Rep. 8, A-23

Encourage Appropriate Colorectal Cancer Screening H-55.967

Our AMA, in conjunction with interested organizations and societies, supports educational and public awareness programs to assure that physicians actively encourage their patients to be screened for colon cancer and precursor lesions, and to improve patient awareness of appropriate guidelines, particularly within minority populations and for all high-risk groups.