



Affordable Care Act: Colorectal Cancer Screening

Ensuring access to evidence-based early detection tools

Each year, an estimated 146,000 people in America will be diagnosed with colorectal cancer and 40,000 will die from the disease, making it the second leading cause of cancer deaths in men and women combined. The disease is easily preventable through the removal of precancerous polyps, which are detectable only through screening. When colorectal cancer is detected and treated early, survival is greatly enhanced. Yet, only 39% of colorectal cancers are diagnosed while the disease is still in the localized stage.

If the majority of men and women aged 50 or older participated in routine screening for colorectal cancer, we could cut the risk of death by 50 percent. But too few Americans have access to colorectal cancer screening tests.

Today, only half of the U.S. population aged 50 and older is regularly screened. Among those without health coverage, the screening rates drop to only 15 percent.

Ensuring access to evidenced-based cancer screenings and quality treatment is critical to the fight against colorectal cancer.

Highlights of Colon Cancer Screening in the Affordable Care Act

- Requires that all private health plans cover colorectal cancer screening tests with a U.S. Preventive Services Task Force (USPSTF) rating of “A” or “B” without any out-of-pocket costs to patients. Currently, the USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults beginning at age 50 and continuing until age 75 (*Rollout for new plans begins 2010; most group and individual plans will be required to comply by 2014*)
- Eliminates out-of-pocket costs for preventive services such as colonoscopies and exempts preventive services from deductibles under the Medicare program. The deductible will be waived for colorectal cancer screening tests even when polyps are detected and removed (*Effective beginning 2011*)
- Gives states a 1 percent increase in the Federal Medical Assistance Percentage (FMAP) if they offer Medicaid beneficiaries preventive services recommended by the USPSTF, immunizations recommended by the Advisory Committee on Immunization Practices (ACIP), and remove cost sharing for all these services (*Effective beginning 2013*)
- Creates a public health investment fund to expand and sustain national investment in prevention and public health programs, including health screenings (*Effective beginning 2010*)

Implications for the American Cancer Society and American Cancer Society Cancer Action Network (ACS CAN)

- ACS CAN will strongly advocate to protect and increase health insurance mandates that guarantee coverage for colorectal cancer screening tests.
- ACS CAN will continue to fight for state and federal funding for colorectal cancer screening and treatment programs, which provide a critical service to medically underserved men and women.
- ACS CAN will work with Congress and the Secretary of Health and Human Services to ensure that all Americans have access to evidence-based prevention, early detection and treatment services critical to colorectal cancer patients.