Congress of the United States

Washington, DC 20515

September 21, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Ave SW
Washington, D.C.

Dear Secretary Kennedy,

We are writing to urge the Department of Health and Human Services (HHS) bolster access to important screenings by changing its federal FAQ guidance for commercial insurers regulated by the Affordable Care Act (ACA) to treat a colonoscopy for individuals enrolled in ACA-regulated health plans with a history of polyps as part of the screening continuum, for preventive services and cost-sharing purposes.

Colorectal cancer is the third most common cancer in the United States and the country's second leading cause of cancer mortality among women and men combined. However, colorectal cancer is unique in that it is largely preventable. Even when found and treated early, the five-year colorectal cancer survival rate is 90 percent; unfortunately, less than 40 percent of colorectal cancer cases are caught early. According to data released earlier this year, colorectal cancer is now the leading cause of cancer deaths for Americans under 50 years old — a sobering reality which was not initially projected to occur until 2030. It is also expected to be the leading cause of cancer deaths for both men and women aged 20 to 49 by 2030. Affordability and patient cost-sharing are demonstrated barriers to colorectal cancer screening. We must make a concerted effort to address this public health crisis and increase screening rates throughout the continuum of care. This includes patients with a personal history of polyps, but who are otherwise asymptomatic. More than 40 percent of ACA Marketplace enrollees, as one example, are between 45 and 64 years old, all within the recommended screening guidelines, as well as 19 percent of these enrollees between 35 and 45 years old. Thus, by 2030, colorectal cancer will be the leading cause of cancer-related deaths among the largest demographics of individuals enrolled in ACA-regulated health plans.

As such, we urge HHS to issue new ACA FAQ guidance, stating that a follow-up surveillance colonoscopy is a "screening" and therefore part of the ACA preventive services benefit. Specifically, we suggest the following language to be included in the FAQ guidance:

> **If a follow-up, screening colonoscopy is scheduled and performed prior to the 10-year window, is it permissible for a plan or issuer to impose cost-sharing for the cost of the procedure and polyp removal during the colonoscopy?**
>
> Based on clinical practice and guidance received from the U.S. Multi-Society Task Force (USMSTF) on Colorectal Cancer, a follow-up screening colonoscopy for asymptomatic patients with a personal history of polyps is an integral part of the continuum of care and should be considered a "screening." The USMSTF recommends that asymptomatic individuals undergoing screening colonoscopy require repeat screenings to evaluate for new polyps at specific intervals based on the findings of their screening exam, ranging from 1 year to 10 years. These procedures should be treated as preventive services and not subject to patient cost-sharing.

This suggested change is consistent with the standard of care and clinical guidance. The ACA requires commercial insurers regulated by the ACA to provide preventive services recommended by the United States Preventive Services Task Force (USPSTF) without patient cost-sharing. The USPSTF specifically emphasizes the

importance of adhering to the colorectal cancer screening continuum, intervals, and treatment process. The USMSTF on Colorectal Cancer recommends that asymptomatic individuals should seek follow-up colonoscopy exams to evaluate for new polyps at specific intervals based on the findings of their initial screening exam, ranging from one year to 10 years. According to USMSTF, or patients with an advanced adenoma, one follow-up colonoscopy reduces the colorectal cancer risk to that of the general population. However, the risk of colorectal cancer is more than four times higher for patients who do not complete this follow-up colonoscopy. This suggested change would also align the ACA coverage policy with Medicare, as a follow-up colonoscopy is still considered a "screening" and a preventive service in Medicare.

Congress has also deemed colorectal cancer screening and prevention, particularly among patients needing this follow-up screening colonoscopy, as an important priority. In February, Congress passed a budget that included specific report language in both the U.S. House and Senate Appropriations for Departments of Labor Health and Human Services, and Education, and Related Agencies.

We hope that the Secretary will join us in this effort to save lives and thwart this public health crisis.

Sincerely,

Nikema Williams
Member of Congress

Pablo José Hernández
Member of Congress

Joe Wilson
Member of Congress

Eleanor Holmes Norton
Member of Congress

Stephen F. Lynch
Member of Congress

Henry C. "Hank" Johnson, Jr.
Member of Congress

Yvette D. Clarke
Member of Congress

Lloyd Doggett
Member of Congress

Rashida Tlaib
Member of Congress

Debbie Dingell
Member of Congress

Steve Cohen
Member of Congress

Haley M. Stevens
Member of Congress

John W. Mannion
Member of Congress

Timothy M. Kennedy
Member of Congress

William R. Keating
Member of Congress

Seth Moulton
Member of Congress

Julia Brownley
Member of Congress

Adelita S. Grijalva
Member of Congress

Nanette Diaz Barragán
Member of Congress

Jonathan L. Jackson
Member of Congress

Josh Gottheimer
Member of Congress

Kim Schrier, M.D.
Member of Congress

Donald G. Davis
Member of Congress