

The survival rate when colon cancer is detected at an early, localized stage is 90 percent. But only 37 percent of such cancers are discovered at that stage. The later the disease is caught, the lower the survival rate.

That's why in 1997, Congress led the fight against colon cancer by making screening for the disease a covered benefit for every Medicare recipient. That is especially significant because the risk of colon cancer rises with age.

Heightened awareness and greater access to treatment are working. Over the last 15 years, we've seen steady, if slow, annual declines in both incidence rates and mortality rates tied to colon cancer.

But we can do more, because barriers to screening still exist. Modern technology has blessed us with extremely accurate screening tools, in particular the colonoscopy, which results in higher colon cancer identification rates and better long-term survival rates due to early detection. A consultation with a doctor before a colonoscopy is required to ensure that patients are properly prepared before they undergo the procedure.

Unfortunately, Medicare does not pay for that consultation before a screening, creating an obvious obstacle to preventive treatment for many men and women. The Colon Cancer "Screen for Life" Act would cover these medical visits so that more Medicare beneficiaries will have easy access to screening.

Further, with this legislation, just as Congress has done for screening mammography, screening colonoscopy will not count toward a senior's Medicare deductible. This will remove additional financial disincentives to screening.

Finally, with this bill, we're breaking through another big barrier to early detection and treatment.

The medical reality is that colonoscopy procedures are invasive and require sedation to perform, making it safer for them to be conducted in the hospital or an outpatient setting, where safety standards and emergency procedures are in place, rather than in a private doctor's office. But when doctors perform colonoscopies for Medicare patients in an outpatient setting, they take a hit on cost, because reimbursement for the procedure performed there has decreased by nearly 36 percent since 1997, while reimbursement for the procedure performed in a doctor's private office has increased by 52 percent.

As a result, to balance their budgets, doctors and hospitals are typically forced to space out their Medicare patients, creating long waits for and limited access to these vital screenings. That financial incentive structure is indefensible.

The job of medical services should be cutting cancer, not cutting costs. Unfortunately, today something as critical as colon cancer screening is moderated not by the real needs of patients and their medical doctors, but by market incentives.

To address the problem, the "Screen for Life" Act would increase the payment rates for colonoscopies performed in hospitals and outpatient facilities by 30 percent. The result will be more access to early detection and treatment and thousands of lives saved.

Colon cancer is a formidable foe, but we can make a difference in the fight against it. Early detection and treatment is our first line of defense.

With the help of the Colon Cancer "Screen for Life" Act, I hope that in a decade we'll have fewer cancer cases to contend with and more survivors to celebrate the simple fact that screening saves lives.

Ms. COLLINS. Mr. President, I am pleased to join Senators LIEBERMAN, TORRICELLI, SNOWE, and COCHRAN in introducing the Colon Cancer Screen for Life Act of 2002 to improve patients' access to the colorectal cancer screening benefit under Medicare.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States for both men and women: more than 57,000 Americans will die from this disease this year, yet it is a disease that many of us feel uncomfortable discussing.

The sad irony is that cancer of the colon is probably the most treatable and survivable of all cancers, but only if it is caught early. If detected and treated early, colon cancer is curable in more than 90 percent of diagnosed cases. Conversely, if the cancer is detected in an advanced stage, death rates are high. As many as 92 percent of these patients will die within five years.

Despite the fact that we have extremely effective screening tests for colon cancer, our screening rates for colon cancer, even among those Americans who are most at risk, are woefully low. Moreover, even the addition in 1998 of a new Medicare benefit covering these services has not improved the situation.

In 2000, the General Accounting Office, GAO, conducted a review of claims data to determine the extent to which this new preventive health service has been used. According to the GAO, only 3.8 percent of Medicare patients received either a screening or diagnostic colonoscopy in 1999, far below the recommended use rates and just a one percent increase over the rate in 1995.

Clearly we must find ways to heighten public awareness about the importance of colon cancer screening and remove any remaining barriers that may be preventing Medicare beneficiaries from receiving these critically important services. While the GAO identified a lack of patient awareness, understanding and inclination as the most significant factors inhibiting the use of colorectal cancer screening services, it also found that physician practices affect rates of screening. One factor is the inadequate Medicare reimbursement rates to cover the costs involved.

Medicare reimbursement rates for this procedure have declined in recent

years and are almost universally lower than reimbursements under private insurance. Moreover, in many States, the Medicare rates are lower than Medicaid rates. Our legislation will therefore increase the Medicare payment rates for colonoscopies performed both in hospitals and outpatient settings. Specifically, the payment rates in hospitals and outpatient facilities would be increased by 30 percent, while payment for procedures done in physicians' offices would be increased by 10 percent.

Our legislation will also require Medicare to provide reimbursements for pre-procedure consultations to ensure that beneficiaries are properly prepared and educated before they undergo a screening colonoscopy. Medicare currently only pays for the pre-procedure appointment prior to a diagnostic colonoscopy. This pre-procedure visit is no less necessary in the case of a screening colonoscopy and should be covered.

Finally, under our legislation, the normal Part B deductible will not apply for screening colonoscopy, just as it does not apply for screening mammography. This will remove a financial disincentive for seniors to seek screening and increase the likelihood that they will undergo screening colonoscopy.

The Colon Cancer Screen for Your Life Act of 2002 will not only help to ensure the safety of colorectal cancer screenings, but it will also increase Medicare patients' access to this life-saving procedure, and I urge all of my colleagues to join us as cosponsors.

AMENDMENTS SUBMITTED AND PROPOSED

SA 2843. Mr. ENZI proposed an amendment to amendment SA 2471 submitted by Mr. DASCHLE and intended to be proposed to the bill (S. 1731) to strengthen the safety net for agricultural producers, to enhance resource conservation and rural development, to provide for farm credit, agricultural research, nutrition, and related programs, to ensure consumers abundant food and fiber, and for other purposes.

SA 2844. Mr. DAYTON (for himself, Mr. FEINGOLD, Mr. KOHL, Mr. WELLSTONE, and Mr. LEAHY) submitted an amendment intended to be proposed to amendment SA 2471 submitted by Mr. DASCHLE and intended to be proposed to the bill (S. 1731) supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 2843. Mr. ENZI proposed an amendment to amendment SA 2471 submitted by Mr. DASCHLE and intended to be proposed to the bill (S. 1731) to strengthen the safety net for agricultural producers, to enhance resource conservation and rural development, to provide for farm credit, agricultural research, nutrition, and related programs, to ensure consumers abundant food and fiber, and for other purposes; as follows:

On page 126, before line 1, insert the following: