

**SCREENING ABDOMINAL AORTIC ANEURYSMS VERY EFFICIENTLY ACT
(SAAAVE)
*Information on Medicare AAA Screening Benefit***

HISTORY

- In February 2005, Representatives John Shimkus (R-IL), Gene Green (D-TX), and Ron Lewis (R-KY) introduced the Screening Abdominal Aortic Aneurysms Very Efficiently (SAAAVE) Act (HR 827), an initiative that would direct Medicare to cover AAA screening.
- Senate sponsors Sen. Christopher Dodd (D-CT) and Sen. Jim Bunning (R-KY) also were working with the Society for Vascular Surgery and the National Aneurysm Alliance to urge Congressional support for this important preventative measure.
- In June 2006, Senators Christopher Dodd (D-CT) and Jim Bunning (R-KY) and Representatives Jim Greenwood (R-PA, 8th) and Gene Green (D-TX, 29th) introduced new legislation for Medicare to cover ultrasound screening for AAA.
- The House passed provisions of the bill, which became effective January 2007, as part of S.1932, the Deficit Reduction Act of 2005.

THE SCREENING BENEFIT

- Effective January 1, 2007, Medicare offers a free, one-time, ultrasound screening benefit to check for AAA in qualified seniors linked to their Welcome to Medicare Physical Exam.

WHO QUALIFIES

- Men who have smoked at least 100 cigarettes during their life, and men and women with a family history of AAA qualify for the one-time screening once they have undergone the exam.
- The exam must be completed within the first six months of Medicare eligibility, but there is no published time limit thereafter for completion of the AAA screening. Providers who perform the physical and order the AAA screening need to document the AAA risk factors.

COST FOR CARE

- An ultrasound screening typically costs approximately \$100. A recent economic analysis of AAA screening cost-effectiveness determined that, the cost per quality-adjusted life year saved for screening men above age 60 was very favorable – that is, equivalent to or less than other well-accepted screening tests currently covered under Medicare.
- The AAA screening program also will save millions of dollars spent on emergency surgery and post-operative intensive care expenditures for those individuals with ruptured AAAs who reach the hospital alive. In addition to costly surgeries, survivors usually require days or weeks in the intensive care units – a cost that would be spared with early screening, detection and intervention.