



USPSTF REFORM AND ACCESS TO PSA-BASED TESTING FOR PROSTATE CANCER

Urologists urge elected representatives to support legislation that improves preventive health service recommendation processes and preserves targeted access to life-saving medical tests and screenings. We encourage cosponsorship of **H.R. 539, the "USPSTF Transparency and Accountability Act of 2017"** (Reps. Blackburn/Rush).

BACKGROUND

The USPSTF Transparency and Accountability Act includes critical reforms requiring that the U.S. Preventive Services Task Force: (1) publish research plans and allow public comment on designated evidence; (2) include medical specialty physicians on the Task Force; and (3) establish an advisory board tasked with developing, updating, and disseminating evidence-based recommendations. The bill also codifies the USPSTF grading system so it cannot be changed without review and prohibits Medicare or other payors from denying payment for a preventive service solely based on the task force grade. Similarly, the legislation asserts that any quality measure related to a USPSTF recommendation may only be applied if the grade was developed in accordance with the Act and if the Secretary of Health and Human Services concurs with the rating.

RATIONALE

Currently, the USPSTF has little accountability. Task Force members are appointed by an unelected official and do not meet with relevant stakeholders during their review process. Although recommendations are intended for a primary care audience, they impact patient access to appropriate specialty care. Specialist physicians who treat the conditions that are being screened for play no official role during the development of USPSTF recommendations.

In recent years, the USPSTF has issued controversial ratings on a variety of health care services, including routine breast cancer screening, skin cancer screenings, vision services for children and seniors, and dementia screening in older Americans. Urologists are specifically concerned with its 2012 recommendation against prostate-specific antigen (PSA) based screening for prostate cancer for all men, regardless of risk. This is particularly true in light of recent studies which indicate that the positive trends we had been seeing in the early diagnosis and treatment of prostate have been negatively impacted since the release of the 2012 recommendation.

The provisions of this bill related to quality measures are especially timely. In the fall of 2015, the Centers for Medicare and Medicaid Services (CMS) considered the adoption of a new quality measure entitled, "Non-recommended PSA-Based Screening." This standard would penalize physicians for ordering PSA tests for their patients, subject to a limited number of exclusions. The CMS contractor that developed this quality measure cited the controversial 2012 USPSTF prostate screening recommendation – a standard not developed by experts in the field of prostate cancer – as the rationale behind the proposal.

In 2013, the American Urological Association (AUA) released a clinical practice Guideline on the Early Detection of Prostate Cancer developed using evidence from a systematic literature review. This guideline supports PSA-based screening in a more-targeted manner, whereas the USPSTF recommendation does not encourage its use in men of any age. We support a man's right to be tested for prostate cancer – and to have his insurance pay for it, if medically necessary – if, in fact, he decides to do so following a detailed conversation with his physician about the benefits and harms of screening.

CONTACTS

To cosponsor the **"USPSTF Transparency and Accountability Act of 2017,"** please contact Kristi Thompson (Rep. Blackburn) at kristi.thompson@mail.house.gov; Yardly Pollas (Rep. Rush) at yardly.pollas@mail.house.gov.