

Congress of the United States
Washington, DC 20515

December 14, 2015

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Ave., SW
Washington, D.C. 20201

Dear Mr. Slavitt:

The members of the GOP Doctors Caucus urge you to withdraw the draft CMS clinical quality measure developed by Mathematica Policy Research on “Non-Recommended PSA-Based Screening.” We are highly concerned that the measure puts United States Preventive Services Task Force (USPSTF) recommendations against prostate cancer screening before a man’s right to discuss prostate cancer screening with his physician. Furthermore, we find it unsettling that CMS is interjecting itself in the ongoing scientific debate regarding the appropriate role of prostate-specific antigen in prostate cancer screening.

As you are aware, the Mathematica “Non-Recommended PSA-Based Screening” quality measure is intended to discourage the use of PSA-based screening for prostate cancer. Based on the highly controversial 2012 recommendations from the USPSTF, the measure will identify physicians who order a PSA-based screening test as low quality. All prostate cancer screening with PSA will be considered inappropriate regardless of the patient’s wishes or risk of developing prostate cancer.

By identifying physicians who screen for prostate cancer as low quality, this rule will create a perverse incentive for primary care providers to ignore the recommendations of the majority of prostate cancer screening guidelines. Prostate cancer screening guidelines from the American Cancer Society, American College of Physicians, American Society of Clinical Oncology, American Urological Association, and the National Comprehensive Cancer Network all recommend that men engage with their physicians in a shared decision-making process to determine whether to be screened for prostate cancer. Unlike USPSTF recommendations that reject all prostate cancer screening regardless of individual values or risk factors for developing prostate cancer, these well-respected organizations recognize that individual considerations are critical to this decision-making process.

The recommendations of these organizations stand in sharp contrast to the USPSTF recommendations requiring that all men make the same decision to decline prostate cancer screening, regardless of their risk factors. Under this guideline, even men who are known to have an increased risk of prostate cancer, including African-American men and men with a family history of prostate cancer, would be effectively denied the choice to be screened for this potentially lethal disease.

While reasonable men and their physicians may make different choices about whether to be screened for prostate cancer, it is troubling that CMS would consider a rule that denigrates an evidence-based decision made by millions of men each year that is supported by highly respected medical societies. The truth about PSA and prostate cancer screening is that there is no consensus on the truth. Like many aspects of medical care, there is debate regarding when it is and is not appropriate to screen for prostate cancer and ongoing research will likely settle this debate in the future.

Given this healthy debate among medical experts, it is puzzling that CMS has ruled in favor of the USPSTF recommendations and against those of other organizations. Is CMS privy to clinical data that others are not aware of, including prostate cancer specialists at Memorial Sloan Kettering, MD Anderson, Harvard, Johns Hopkins, Vanderbilt, the Mayo Clinic and others who support prostate cancer screening? Although we assume that CMS is more interested in getting the medical science right for our seniors, the decision to codify one side of the debate into a quality performance measure is, at best, reckless and premature.

As elected officials we understand the need to maximize value for the health care dollars spent by taxpayers. But as health care providers with decades of experience helping patients make difficult diagnostic and treatment choices, we also understand that the opportunity for quality improvement is not uniform across the spectrum of medical decision-making. Therefore, we strongly urge CMS to withdrawal this proposed Mathematica "Non-Recommended PSA-Based Screening" quality measure. It is irresponsible to impose bureaucratic quality mandates discouraging a man from choosing to be screened for prostate cancer when there is credible medical evidence supporting his decision to do so.

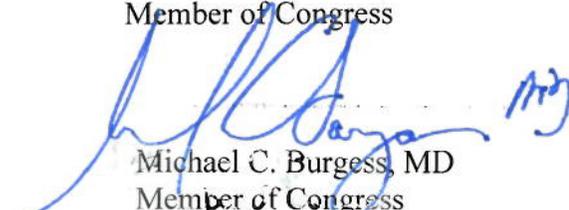
Sincerely,



David P. Roe
Member of Congress



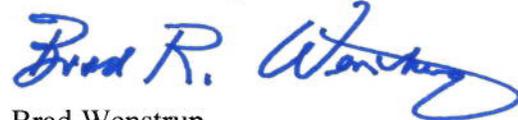
John Boozman
U.S. Senate



Michael C. Burgess, MD
Member of Congress



John Fleming
Member of Congress



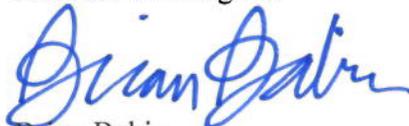
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Member of Congress



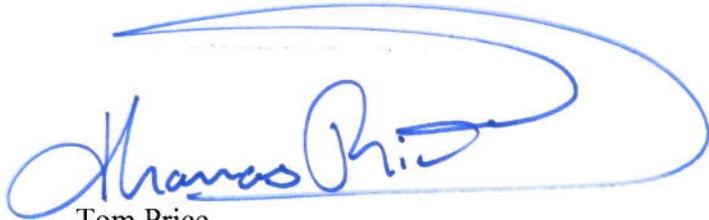
Charles Boustany
Member of Congress



Larry Bucshon
Member of Congress



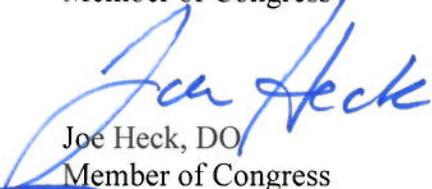
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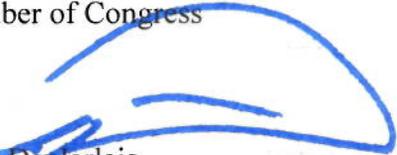
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