

From: Jacobs, Chris (RPC)

Sent: Thursday, October 06, 2011 4:30 PM

To: Jacobs, Chris (RPC)

Subject: Report: Obamacare Board to Recommend Ending Prostate Cancer Screenings

CNN is [reporting](#) this afternoon: “The U.S. Preventive Services Task Force, the group that told women in their 40s that they don't need mammograms, will soon recommend that men not get screened for prostate cancer, according to a source privy to the task force deliberations.”

You may recall that the Preventive Services Task Force is mentioned no fewer than nine times in [Obamacare](#). This board sets the standards for coverage of preventive health services that private insurers are required to cover (Section 1001) and helps determine the standards for what preventive treatments Medicare will cover (Sections 4103-4105). **So the decision by this government board to recommend men NOT get screened for prostate cancer could well lead to fewer insurers covering this treatment, and fewer individuals being screened for cancer as a result.**

This development may meet with the approval of CMS Administrator Donald Berwick – he of [“rationing with our eyes open”](#) fame. Dr. Berwick, who previously served as the Vice Chair of the Preventive Services Task Force during the 1990s, has publicly – and repeatedly – advocated for less money being spent on preventive care, arguing for instance *against* procedures like routine ultrasound tests for pregnant women. (A sample of his published writings on this topic is listed below.) Apparently the government board agreed with his view.

As the story notes, the Preventive Services Task Force recommended reducing mammogram screenings two years ago – a move that [sparked public outrage](#) during the debate on Obamacare, and prompted Senate Democrats specifically to override the Task Force’s mammogram recommendations in the bill that became law. But it’s worth asking: What will happen NOW, as the government board empowered by Obamacare to make decisions about covered benefits decides that men should not undergo prostate cancer screening?

Chris Jacobs

Health Policy Analyst

Republican Policy Committee

Preventive Screening Measures

“Reduce demand...We have not developed sound ways to help our patients seek their own self-interest, and we have allowed the public to proceed on the dangerous, toxic, and expensive assumption that more is better. The evidence is often otherwise. I have had the pleasure for the past five years of serving as vice chair of the U.S. Preventive Services Task Force [from 1990-96]...with the sole charge of reviewing...almost two hundred clinical preventive practices.”^[1]

“The U.S. Preventive Services Task Force, of which I was vice chair, reviewed preventive and screening technologies and found many that were growing rapidly in use without any scientific proof of their merit—and often with some proof of their harm. These include techniques such as continuous monitoring for preterm labor, prostatic ultrasound tests, and exercise stress testing in normal adults to screen for coronary disease.”^[2]

“One over-demanded service is prevention: annual physicals, screening tests, and other measures that supposedly help catch diseases early.”^[3]

“Is any screening procedure appropriate for a health fair even though that same procedure lacks merit in a physician’s office?...At the moment, we lack sufficient information to make such a judgment.”^[4]

“The medical director of an HMO knows that routine colonoscopy as part of well-adult physical examinations can occasionally save the life of a colon cancer victim. She also knows that, to serve her enrolled population, she would have to hire eight specialists to perform the needed colonoscopies. If she did that, the resulting premium increase would be so great that the HMO would without doubt

^[1] “Run to Space,” speech to 7th annual National Forum on Quality Improvement in Health Care, December 1995, in *Escape Fire: Designs for the Future of Health Care* by Donald Berwick (Jossey-Bass, 2004), p. 81

^[2] “Sauerkraut, Sobriety, and the Spread of Change,” speech to 8th annual National Forum on Quality Improvement in Health Care, December 1996, in *Escape Fire: Designs for the Future of Health Care* by Donald Berwick (Jossey-Bass, 2004), p. 102

^[3] “We Can Cut Costs and Improve Care at the Same Time” by Donald Berwick, *Medical Economics* August 12, 1996, p. 186

^[4] “Screening in Health Fairs: A Critical Review of Benefits, Risks, and Costs” by Donald Berwick *Journal of the American Medical Association* September 20, 1985, p. 1498

lose many employee accounts and its economic future would be at risk. Are routine colonoscopies a social good? What about routine pap smears? Routine smoking cessation counseling? Routine well-baby visits?”^[5]

“Our study suggests that, even if customers had to pay out of pocket for their ultrasound tests, the excess of willingness to pay over price—i.e., consumer’s surplus—could provide some of the momentum behind rapidly rising health costs.”^[6]

^[1] “Run to Space,” speech to 7th annual National Forum on Quality Improvement in Health Care, December 1995, in *Escape Fire: Designs for the Future of Health Care* by Donald Berwick (Jossey-Bass, 2004), p. 81

² “Sauerkraut, Sobriety, and the Spread of Change,” speech to 8th annual National Forum on Quality Improvement in Health Care, December 1996, in *Escape Fire: Designs for the Future of Health Care* by Donald Berwick (Jossey-Bass, 2004), p. 102

³ “We Can Cut Costs and Improve Care at the Same Time” by Donald Berwick, *Medical Economics* August 12, 1996, p. 186

⁴ “Screening in Health Fairs: A Critical Review of Benefits, Risks, and Costs” by Donald Berwick *Journal of the American Medical Association* September 20, 1985, p. 1498

⁵ “Health Services Research and Quality of Care: Assignments for the 1990s” by Donald Berwick, *Medical Care* August 1989, pp. 769-770

⁶ “What Do Patients Value? Willingness to Pay for Ultrasound in Normal Pregnancy” by Donald Berwick and Milton Weinstein, *Medical Care* July 1985, pp. 889-90

^[5] “Health Services Research and Quality of Care: Assignments for the 1990s” by Donald Berwick, *Medical Care* August 1989, pp. 769-770

^[6] “What Do Patients Value? Willingness to Pay for Ultrasound in Normal Pregnancy” by Donald Berwick and Milton Weinstein, *Medical Care* July 1985, pp. 889-90