



Your trusted nonprofit source of information on sexual health and sexually transmitted infections

November 29, 2011

Dr. Robert Cosby
c/o USPSTF
540 Gaither Road
Rockville, MD 20850

Dear Dr. Cosby,

We are writing regarding the proposed recommendations introduced by the United States Preventive Services Task Force (USPSTF) on October 19, 2011, regarding screening for cervical cancer. First and foremost, we recognize the Task Force's efforts to offer providers and patients the most accurate, up-to-date, and relevant information about how to protect against cervical cancer. Given the widespread use of liquid-based cytology, we were pleased to see that the updated recommendations give an A rating both to conventional and liquid-based cytology. We also greatly appreciate USPSTF's efforts to coordinate the release of its proposed cervical cancer screening recommendations with the draft recommendations of the American Cancer Society (ACS), the American Society for Colposcopy and Cervical Pathology (ASCCP), and the American Society for Clinical Pathology (ASCP); this will help minimize confusion for providers and patients, and will allow all interested parties to work cooperatively to resolve open questions as final guidelines are developed.

We are concerned, however, about the Task Force's issuance of an "I statement" regarding the use of human papillomavirus (HPV) testing, alone or in combination with cytology, for screening for cervical cancer in women ages 30 years and older. The undersigned organizations believe that HPV co-testing is a key tool to help women prevent cervical cancer. HPV co-testing helps detect the virus that causes most cervical cancers, and provides reassurance to women who test negative using a Pap test. The Task Force's conclusion that there is insufficient evidence to recommend HPV co-testing as an option is inconsistent with the guidelines or recommendations for cervical cancer screening of virtually every relevant medical society and public health organization, including the ACS, ASCCP, ASCP and the American Congress of Obstetricians and Gynecologists, which recommends HPV co-testing as an option.

Moreover, the USPSTF's "I statement" regarding HPV co-testing is inconsistent with the recent recommendations issued by the Institute of Medicine (IOM) in its July 19, 2011 Consensus Report, *Clinical Preventive Services for Women: Closing the Gaps*. As you are aware, the IOM's report included a recommendation to provide access to HPV co-testing for women 30 years and over. Under the provisions of the Affordable Care Act, the inclusion of the IOM recommendations by the Health

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Resources and Services Administration (HRSA) in its women's preventive services coverage guidelines means that new insurance plans will need to cover HPV co-testing for women 30 years and older with no cost sharing.

At the same time as women with new private insurance coverage will receive HPV co-testing without cost sharing, women on Medicaid who are covered under current eligibility standards will be subject to a different threshold for coverage. Starting in 2013, the Affordable Care Act provides a financial incentive for states that opt to cover services with an A or B rating by the USPSTF and also prohibit cost sharing for those services; these states will receive an increased Federal Medical Assistance Percentage (FMAP) of one percentage point for those services. Because this bonus payment for states to cover preventive services is linked to the USPSTF recommendations (versus the IOM/ HRSA women's preventive services coverage guidelines on the private side), state Medicaid programs will not have an incentive to cover HPV testing. The result is that millions of women on Medicaid, who are the most vulnerable and least likely to be able to pay for this test, will be the most likely to incur out-of-pocket costs for it.

Furthermore, the Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides approximately 300,000 cervical cancer screening tests every year to low-income, uninsured and underinsured women. Since, the CDC generally follows USPSTF recommendations, women who are served through this program will not be able to access HPV co-testing.

As the Task Force prepares to issue its final recommendations regarding cervical cancer screening, we strongly urge you to consider the disparity that the Task Force's proposed recommendation will create between the standard of coverage for women with private insurance and many of those on Medicaid. Having two standards of coverage will mean that millions of women on Medicaid might be left without the benefit of having no cost sharing for HPV co-testing, and the underserved women who utilize NBCCEDP will not have access to this critical tool to help prevent cervical cancer.

We appreciate the opportunity to comment on the Task Force's proposed recommendations. If it would be helpful to discuss any of these issues further please feel free to contact Deborah Arrindell, vice president of health policy with the American Social Health Association: debarrindell@aol.com.

Sincerely,

American Clinical Laboratory Association
American Congress of Obstetricians and Gynecologists
Association of Reproductive Health Professionals
American Social Health Association
Association of Women's Health, Obstetrics and Neonatal Nurses
Balm in Gilead
Black Women's Health Imperative
Cervical Cancer Free America

Coalition of Labor Union Women
Concerts for a Cure
Foundation for Women's Cancer
HealthHIV
Healthpoint Institute
HIV Prevention Justice Alliance
Immunization Action Coalition
International Rectal Microbicide Advocates
National Association of County & City Health Officials
National Association of Nurse Practitioners in Women's Health
National Black Leadership Commission on AIDS
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National Black Women's HIV/AIDS Network, Inc
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National Council of Jewish Women
National Council of Women's Organizations
National Family Planning & Reproductive Health Association
National Latina Institute for Reproductive Health
National Medical Association, Obstetrics and Gynecology Section
National Partnership for Women and Families
National Women's Law Center
Planned Parenthood Federation of America
Society for Women's Health Research
Society of Gynecologic Oncology
Tamika and Friends
U.S. Positive Women's Network
Women in Government
Women's Research and Education Institute
Yellow Umbrella Organization