

Majority's Health Bill Empowers Government Task Force **At Center of Mammogram Controversy**

Overview

The U.S. Preventive Services Task Force recently released a recommendation that women ages 40-49 are no longer encouraged to get routine mammograms. Further, the Task Force now recommends that doctors do not teach patients how to do a self breast exam—stating that self-breast exams are not an evidenced-based preventive service.

You can read more about the decision by visiting the Task Force's website [here](#). You can read the American Cancer Society's response to the recommendations [here](#).

This is a glaring example of the dangers of increasing the federal government's control over health care. When putting the government in charge of health care in America, politicians have to rely on bureaucrats and government entities to make one-size-fits-all decisions about their health care. Bureaucrats focused on costs make decisions based on a spreadsheet of numbers, not based on the lives of men and women in need of care.

Troublingly, the majority's health bill empowers the very Task Force which made these terrible recommendations. In fact, the health bill in the Senate ([Patient Protection and Affordable Care Act](#)) depends on the advice and recommendations of the United States Preventive Services Task in 14 different instances.



Even more troubling, the majority's government-run health care bill would allow the Secretary seemingly unlimited authority to modify benefits under Medicare, or even the government-run public plan, if they are consistent with Task Force recommendations. In the case of mammograms, this means that the government-plan could deny payment for a routine mammogram for women between the ages of 40-49. Just as concerning, the government will fund a media campaign to promote the Task Force's recommendations—which would now include telling women that they should not conduct self-breast exams.

Health care decisions should be made by patients and their doctors. Putting the government in charge of health care in this country will only lead to government bureaucrats practicing medicine, while giving consideration to cost before the lives of patients. Congress and the American people need to take note of this recent action by the U.S. Preventive Task Force and reject a government takeover of American health care.

Recommendations Based on Crunching Numbers, Not Caring for Patients

Many experts and commentators have warned of the inevitability of rationing health care in government-run health care systems – and these individuals are not all of the same political stripe. For example, the [Washington Post](#) reported that “some questioned whether the new guidelines [on mammograms] were designed more to



control spending than to improve health....In addition to prompting fewer doctors to recommend mammograms to their patients, they worried that the move would prompt insurers to deny coverage for many mammograms.” About 39 million women undergo mammograms each year in the United States, costing the health-care system more than \$5 billion. [According to the Task Force](#), the new recommendations made based on research on “comparative decision models on optimal starting and stopping ages and intervals for screening mammography.” The Task Force also confirmed that mammograms for women in this age-range save lives—just not enough to justify a government recommendation.

One of the major initiatives that majority and liberal commentators have pointed to as a way to control costs is “comparative effectiveness research.” No matter what the rhetoric we hear about how these are “best practices” and meant to “reduce inefficiencies,” there is no doubt that government-run health care plans and private insurance companies will inevitably use this information to make payment and coverage decisions based on *cost*—not medicine.

For an example of how many would like to use “comparative effectiveness research” to restrict or deny life-saving care based on costs, [consider a recent article in the Washington Post](#) by Steven Pearlstein, in which he chided Health and Human Services Secretary Kathleen Sebelius for “undermining the move toward evidence-based medicine with her hasty and cowardly disavowal of a recommendation from her department’s own task force that women under 50 are probably better off not getting routine annual mammograms.” Pearlstein concluded that, “in the end, [the task force] found that while some lives might be saved each year, the benefits of annual screening of women in their 40s were outweighed by the costs...”

The Reid bill depends 14 times on the recommendations of the Task Force (TF) that made the controversial decision to not recommend breast cancer screening for certain populations.

1. Requires plans under the exchange to cover without cost sharing TF recommended prevention services, [pg.17]
2. Funds a media campaign to promote the TF’s recommendations, [pg. 1150]
3. Uses TF recommendations for the Medicare well visit screening schedule, [pg. 1176]
4. Includes a 100% coverage of any TF recommendations on medical nutrition therapy, [pg. 1185]
5. Requires Medicare to cover 100% of the cost of prevention services recommended by the TF, [pg. 1186]
6. Removes co-pay requirements under Medicare for TF recommended prevention services, [pg. 1187]
7. Extends Medicare payments for TF recommended prevention services [pg. 1187]
8. Removes TF recommended prevention services under the Medicare deductible, [pg. 1188]
9. Authorizes the Secretary to modify benefits under Medicare if it is consistent with TF recommendations, [pg. 1189]
10. The Secretary may deny payments for prevention services that the TF recommends against, [1190]
11. Includes TF recommended prevention services under the definition of medical assistance under Medicaid, [1190]
12. Authorizes the use of funds under 317 vaccine program for any implementation methods recommended by the TF, [pg. 1223]
13. Requires the Secretary to consider the TF recommendations when make grants under the immunization demo program, and [pg. 1224]
14. Requires new public health research programs to coordinate their efforts with the TF. [pg. 1241]