

July 21, 2023

United States House of Representatives Committee on Appropriations
Subcommittee on Labor, Health and Human Services, and Education
United States Capitol, Room H-307
Washington, D.C. 20510

Dear Chair Granger, Chair Aderholt, and Ranking Member DeLauro:

We write to respectfully oppose any cuts to the U.S. Preventive Services Task Force (USPSTF), as part of the Labor-Health and Human Services-Education Fiscal Year 2024 appropriations bill. Eliminating the Agency for Healthcare Research and Quality (AHRQ), as the Committee is currently proposing, would defund the USPSTF, which depends on the research and administrative support of AHRQ.

The USPSTF is an independent, 16 volunteer-member advisory body of clinicians that grades and provides recommendations on which preventive services, such as early cancer screenings, Americans should receive. Any preventive screening, medication, or behavioral intervention that receives an A or B rating from the USPSTF must be covered by individual and group health plans at no cost to patients. USPSTF recommendations are critical drivers of patient access and adoption of preventive healthcare as even a small co-pay has been shown to deter patients from seeking these services¹.

Eliminating funding to AHRQ leaves the USPSTF with no staff, no ability to conduct or review research, no process for engaging stakeholders, and no ability to draft recommendations that keep pace with medical innovation.

This proposal will reduce patients' access to critical life-saving medical interventions. Since the USPSTF would be unable to update its recommendations, patients will face new cost-sharing requirements that will prevent them from affording preventive services for cancer, mental health and substance abuse, infectious diseases, obstetrics, gynecological, and perinatal conditions, vision and hearing disorders, cardiovascular disease, and obesity and nutrition related conditions.

Eliminating funding will also have a stifling impact on medical innovation as companies will avoid making investments in new preventive technologies if the USPSTF cannot update their recommendations and new advancements are therefore not as readily adopted by patients. Congress has repeatedly stated that supporting innovation in medical technologies to spur economic growth is a top priority. However, this proposal will undermine previous investments and ongoing policy efforts to support patients, entrepreneurs, and innovators.

The USPSTF already faces significant financial hurdles in expeditiously reviewing and updating recommendations. While the USPSTF does an admirable job of examining the existing complex scientific literature to make its recommendations, the rising costs of reviews and stagnant staffing levels prevent the USPSTF from updating its recommendations quickly. Because of these funding limitations, the USPSTF is only able to finalize a limited the number of recommendations each year and is often unable to meet the statutory requirement of updating existing recommendations every five years.

¹ Trivedi, AN et al., "Effect of cost sharing on screening mammography in Medicare health plans," *N Engl J Med* 358, (2008) pp: 375-383. doi: 10.1056/NEJMs070929

Last year, both the Senate and House Appropriations Committees included report language in their respective Labor-Health and Human Services-Education appropriations bills expressing concerns about the ability of the USPSTF to keep pace with medical innovation and encouraging the USPSTF to utilize its early topic update process and prioritize review of new screening tools and modalities that have been approved or cleared by the FDA. It is baffling that the Committee would exacerbate the problems it expressed concerns about six months ago with this proposal.

We strongly urge the Committee to reconsider its proposed elimination of AHRQ funding for its support of the USPSTF. While we recognize the difficult budget constraints the Committee faces, moving forward with this proposal would cause immeasurable damage to patient care, public health, and medical innovation. We stand ready to work with the Committee on ways to ensure patient access to lifesaving clinical preventive services and support technological creation and advancement. We thank you for your consideration of this request.

Sincerely,

AdvaMed
Allergy & Asthma Network
Alliance for Aging Research
Alliance for Women's Health & Prevention
American Cancer Society Cancer Action Network
American Medical Association
Biomarker Collaborative
BRAF Bombers
California Life Sciences
Cancer Support Community
Chronic Disease Coalition
Colon Cancer Coalition
Colorectal Cancer Alliance
Crohn's & Colitis Foundation
CURE Childhood Cancer
Delfi Diagnostics
Dusty Joy Foundation (LiveLung)
Exon 20 Group
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
Free ME from Lung Cancer
Geneoscopy, Inc.
Global Colon Cancer Association
Go2 for Lung Cancer
Healthcare Leadership Council
HealthHIV
ICAN, International Cancer Advocacy Network
Immune Deficiency Foundation

Laboratory Corporation of America Holdings
Lung Cancer Initiative
Medical Imaging & Technology Alliance
MET Crusaders
National Coalition for LGBTQ Health
National Organization for Rare Disorders
National Patient Advocate Foundation
ONE CANCER PLACE
Ovarian Cancer Research Alliance
Patient Empowerment Network
Prevent Cancer Foundation
Prostate Network
Renalytix Inc.
Society of General Internal Medicine
The Leukemia & Lymphoma Society
The PD-L1 Amplifieds
The White Ribbon Project