

# Professors: Congress made 'scientific judgment for which it is distinctly unqualified'

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Two Georgetown University professors say a section of the recently passed Congressional spending bill effectively undermines science and the health of women.

At issue is the FY 2016 Consolidated Appropriations Act (H.R. 2019), passed in December, in which Congress requires private insurers to follow "outdated scientific guidance" for breast cancer screening coverage, say Lawrence O. Gostin, JD, and Kenneth Lin, MD, MPH.

Their *JAMA* Viewpoint, "A Public Health Framework for Screening Mammography: Evidence-Based Versus Politically Mandated Care," was published online today.

Last week (Jan. 11), after a rigorous review of scientific evidence, the U.S. Preventive Services Task Force recommended, as it did in 2009, [mammography screening](#) every other year for average-risk women beginning at age 50. There was no screening recommendation for women younger than 50. In 2002, the Task Force had recommended screening every one to two years beginning at 40.

Under the Affordable Care Act, [private insurers](#) are required to follow the recommendations of the Task Force, which is comprised of independent, volunteer experts. However, language in the recent spending bill overrides the ACA by directing insurers to follow the 2002

recommendations for mammography screening.

"The Task Force reviewed thousands of research studies over the past decade. Yet legislators with no medical or scientific education decided that the rigorous work carried out by the Task Force was all wrong, and that they have better advice for women. Congress is sowing public distrust in the integrity of science," says Gostin, Georgetown University Law Professor and faculty director of its O'Neill Institute for National and Global Health Law.

"By insisting on referring to the 2002 recommendations, Congress is in fact making a scientific judgment," says Lin, a family medicine physician at Georgetown University School of Medicine and an expert on cancer screening in the primary care setting. "This action strikes at the Task Force's credibility by saying it was right 2002, but was wrong in 2009 and is wrong now."

Prior to the ACA, insurers had discretion to determine what screening, counseling and vaccinations to cover. Under the ACA, insurers provide cost-free access to preventive services based on modern evidence of effectiveness, as determined by groups such as the Task Force.

But when Congress required insurance coverage to link to "outdated public health guidance, it was making a scientific judgment for which it is distinctly unqualified," Lin and Gostin write.

"The public's health is best served when women's personal decisions about screening are informed by evidence rather than political considerations," they write. "Rather than benefiting women, political interference with science can discourage shared decision-making, increase harms from [screening](#), and foster public doubt about the value and integrity of science."

Provided by Georgetown University Medical Center

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