March 22, 2011

Jeffrey Roche, MD
Deidre O’Conner
Centers for Medicare and Medicaid Services

Re: Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent (STIs) (CAG-00426N)

Dear Dr. Roche and Ms. O’Connor:

The American Association for Clinical Chemistry (AACC) welcomes the opportunity to comment on the National Coverage Analysis (NCA) for Screening for Sexually Transmitted Infections (STIs) and High-Intensity Behavioral Counseling (HIBC) to prevent (STIs). In general, we support the adoption of evidence-based screening measures that lead to the early identification and treatment of harmful health conditions and prevent their transmission to others. Such policies lead to improvements in overall health, both individually and in the aggregate, while reducing long-term health expenditures.

The proposed benefits listed in the CMS notice have been reviewed and evaluated by the United States Preventive Services Task Force (USPSTF). Each of the recommendations have been graded as “A”, which “indicates that the certainty of evidence is high that the magnitude of net benefits is substantial,” or “B,” which “indicates that the certainty of evidence is moderate that the magnitude of net benefits is either moderate or substantial, or that the certainty of evidence is high that the magnitude of net benefits is moderate.” Therefore, according to the USPSTF, each of the following screening recommendations is medically beneficial:

- Screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older nonpregnant women who are at increased risk;
- Screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk;
- Screening for gonorrhea infection in all sexually active women, including those who are pregnant, if they are at increased risk;
- Screening for hepatitis B virus (HBV) infection in pregnant women at their first prenatal visit;
- Screening persons at increased risk for syphilis infection; and
- HIBC for the prevention of STIs for all sexually active adolescents and for adults at increased risk for STIs.
USPSTF has done a thorough examination of the literature, as well as consulted extensively with the appropriate government agencies and scientific societies. We support USPSTF’s evidence-based approach and agree with their recommendations. AACC urges CMS to include these screening measures in the Medicare Part B preventive services benefits.

By way of background, AACC is the principal association of professional laboratory scientists--including MDs, PhDs and medical technologists. AACC’s members develop and use chemical concepts, procedures, techniques and instrumentation in health-related investigations and work in hospitals, independent laboratories and the diagnostics industry worldwide. The AACC provides international leadership in advancing the practice and profession of clinical laboratory science and its application to health care. If you have any questions, please call me at (314) 362-0194, or Vince Stine, PhD, Director, Government Affairs, at (202) 835-8721.

Sincerely,

Ann M. Gronowski, PhD
President, AACC