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3 **Title** **PAP Testing Guidelines: HEDIS versus USPSTF**
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5 **Introduced by:** **Domenic R. Federico, MD, for the Kent County Delegation**
6
7 **Original Author:** **John vanSchagen, MD**
8
9 **Referred to:** **Reference Committee E**
10
11 **House Action:** **Adopted as Amended**
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14 **Whereas, the U.S. Preventive Service Task Force (USPSTF) recommends**
15 **screening for cervical cancer in women with a cervix ages 21 to 65 years with**
16 **cytology (Pap smear) every 3 years or, for women with a cervix ages 30 to 65 years**
17 **who want to lengthen the screening interval, screening with a combination of**
18 **cytology and human papillomavirus (HPV) testing every 5 years, and**
19

20 **Whereas, the National Committee for Quality Assurance (NCQA)**
21 **accreditation which utilizes the Healthcare Effectiveness Data and Information Set**
22 **(HEDIS) is a highly desirable recognition for health insurers to have, and HEDIS**
23 **measures require cervical cancer screening in women with a cervix ages 21 to 65**
24 **years every 3 years, and**
25

26 **Whereas, if physicians follow the USPSTF guidelines for cervical cancer**
27 **screening every 5 years in women with a cervix ages 30 to 65, they provide high**
28 **quality care, reduce unnecessary care, and reduce costs to the health care system,**
29 **and**
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31 **Whereas, if physicians participate in Pay-for-Performance programs with**
32 **BCBSM, Priority Health, or other insurers in this state, and follow the USPSTF**
33 **guidelines instead of the HEDIS guidelines, they risk losing their high quality**
34 **rankings and reduce their potential quality incentive payments from the payers;**
35 **therefore be it**
36

37 **RESOLVED: That MSMS urge third party payers not to withhold payment to**
38 **physicians for preventive health services that fall under accepted guidelines, even**
39 **if they differ from the payer’s own guidelines, and be it further**
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41 **RESOLVED: That the AMA urge third party payers not to withhold payment**
42 **to physicians for preventive health services that fall under accepted guidelines,**
43 **even if they differ from the payer’s own guidelines.**
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46 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**