

## Update on Advocacy Issues Facing Urology

By Shelly Bowers, DPM

The American Urological Association (AUA) identifies several legal issues that it hopes to tackle in the upcoming year. They identify these issues as “Legislative Priorities” which will act as a guide for their advocacy branch, whom the AUA refers to as their “Legislative & Political Affairs Department”.<sup>1</sup>

### First, the AUA wants to preserve access to prostate-specific antigen (PSA) screening:

- 1 in 9 men will be diagnosed with prostate cancer, and it is the 2<sup>nd</sup> leading cause of cancer deaths in men.<sup>2</sup>
- In 2018, the AUA reviewed their 2013 article “Early Detection of Prostate Cancer: AUA Guideline” and confirmed the validity of its previous recommendations.
- In May 2018, a government organization called The U.S. Preventive Services Task Force (USPSTF) released guidelines for PSA screening.<sup>3</sup> These guidelines were modified from previous versions, and now align with the AUA’s published directives.
  - Physicians should discuss PSA screening for men ages 55-69.
  - The AUA recommends against PSA screening in men younger than 40, and also men 40-54 at average risk. In addition,
  - The USPSTF now mirrors the AUA belief that African American men, as well as men with a family history of the disease, are at a higher risk of being diagnosed with prostate cancer.

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<sup>1</sup> *Federal Advocacy Priorities, American Urological Association*, <https://www.auanet.org/advocacy/federal-advocacy>

<sup>2</sup> *Key Statistics for Prostate Cancer, American Cancer Society*, <https://www.cancer.org/cancer/prostate-cancer/about/key-statistics.html>

<sup>3</sup> *Patient Access to PSA testing, American Urological Association*, <https://www.auanet.org/advocacy/comment-letters-and-resources/patient-access-to-psa-testing>

- The final new recommendation by the USPSTF is advising that men over the age of 70 not be screened for prostate cancer.
- The USPSTF recommendations influence coverage for these tests under the Affordable Care Act (ACA).
- A 2014 article in Prostate Cancer Prostatic Diseases showed that when insured men were diagnosed with prostate cancer, they had less frequency of metastasis and higher survival rates than uninsured men with the same diagnosis.<sup>4</sup> The AUA believes that patients should be fully covered for PSA screening, without cost sharing or copays.
- Finally, the AUA is working with Congress to enact The USPSTF Transparency and Accountability Act to oversee legislation at the local level. H.R. 3534 was introduced in the House Ways and Means Committee, and also the Energy and Commerce Committee, on June 27, 2019.<sup>5</sup>

**A second major item on the legal agenda of the AUA is to preserve the use of the In-Office Ancillary Services Exception (IOASE) to the Stark Law:**

- This exception to the Stark Law allows urologists to perform diagnostic imaging, laboratory testing, and radiation therapy within their offices.<sup>6</sup>
- The AUA is facing pushback from special interest groups who believe that the IOASE (mainly its self-referral law) increases costs to Medicare. This opposition group is called the Alliance for Integrity in Medicine and consists of The American College of Radiology, The American Clinical Laboratory Association, ASTRO (Radiation Oncologists) and The American Society for Clinical Pathology.<sup>7</sup>
  - This alliance asserts that allowing in-office ancillary services will lead to over-utilization and, therefore, increased costs. Conversely, the AUA argue the special

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<sup>4</sup> Mahal BA et al, The Association Between Insurance Status and Prostate Cancer Outcomes: Implications for the Affordable Care Act. Prostate Cancer Prostatic Dis, Sep, 2014.

<sup>5</sup> *H.R. 3534 USPSTF Transparency and Accountability Act of 2019*  
<https://www.congress.gov/bill/116th-congress/house-bill/3534>

<sup>6</sup> *In-Office Ancillary Services Exception, American Urological Association*,  
<https://www.auanet.org/advocacy/comment-letters-and-resources/in-office-ancillary-services-exception>

<sup>7</sup> Large Urology Group Practice Association presentation on In-Office Ancillary Services. Kapoor, Deepak,  
<https://www.auanet.org/advocacy/comment-letters-and-resources/in-office-ancillary-services-exception>

interest groups simply want to maintain long-standing monopolies in the delivery of ancillary healthcare services, and to remind lawmakers that Urology makes up just 2.3% of Medicare.<sup>7</sup>

- The AUA argues, regarding in-office pathology labs, “there can be no cost savings with elimination of physician operated pathology laboratories, as the services will simply be provided elsewhere.”<sup>7</sup> The AUA states that any legislative changes in IOASE would result in minimal, if any, cost savings and adversely affect patient access to important medical services. This debate has been going on for nearly a decade and continues to be an active topic for both Congress and the AUA.

**Lastly, the AUA wishes to ensure reasonable infertility care for wounded veterans.**

- A 2015 policy brief described genitourinary injuries account for 12% of active-duty injuries in the recent Middle East conflicts (Operations Enduring Freedom, Iraqi Freedom and New Dawn).<sup>8</sup>
- The AUA believes the passage of H.R. 5325 is a first step in the right direction.<sup>9</sup> This bill allows coverage for fertility treatment for service members unable to conceive due to injuries sustained while in service. This bill now allows coverage for veterans, not just active service members, by the Department of Veterans Affairs (VA).
- Senator Patty Murray of Washington introduced S. 319 in February, 2019. This bill would expand eligibility for infertility services, make IVF more widely available, pay for egg and sperm donors, surrogacy, and cover the cost of adoptions by veterans with service-related infertility.<sup>10</sup> The AUA wishes to continue its work to ensure that military members are allowed fair coverage for fertility concerns.

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<sup>8</sup> *Genitourinary Trauma in the Military: Impact, Prevention and Recommendations*. **USC Social Work Center for Innovation and Research on Veterans, & Military Families**. [http://cir.usc.edu/wp-content/uploads/2015/03/CIR\\_Policy-Brief\\_GU-Trauma\\_March2015.pdf](http://cir.usc.edu/wp-content/uploads/2015/03/CIR_Policy-Brief_GU-Trauma_March2015.pdf)

<sup>9</sup> *Congress Passes Bill to Help Wounded Veterans Start Families*, **The Wounded Warrior Project**, <https://www.woundedwarriorproject.org/featured-campaign/congress-passes-bill-to-help-wounded-veterans-start-families>

<sup>10</sup> *S. 319- Women Veterans and Families Health Services Act of 2019*. <https://www.congress.gov/bill/116th-congress/senate-bill/319?q=%7B%22search%22%3A%5B%22Patty+Murray%22%5D%7D&s=3&r=8>