

Congress of the United States
Washington, DC 20515

October 1, 2015

Albert L. Siu, M.D., M.S.P.H.
Chairperson
U.S. Preventative Services Task Force (USPSTF)
540 Gaither Road
Rockville, MD 20850

Dear Dr. Siu and Members of the USPSTF,

We are writing to express our disappointment with the August 3 recommendation released by the U.S. Preventative Services Task Force suggesting that there is too little evidence to support autism spectrum disorder (ASD) screening for every child. We urge you to withdraw this ill-advised draft and instead properly examine and acknowledge the benefits of early screening.

With approximately 1 in 68 children identified with ASD according to the Centers for Disease Control's (CDC) Autism and Developmental Disabilities Monitoring (ADDM) Network—a figure that is roughly 30% higher than it was in 2008—as policymakers and advisory boards, we can no longer afford to make recommendations without consideration to the impact they will have on children and their families.

While we understand that your recommendation urges doctors to use their judgement in determining which children shall be screened, given that an autism screening is cheap, quick and minimally invasive, universal screening should be required. The limited—if any—down side does not outweigh the tremendous benefits of early screening.

Early screenings lead to early intervention. It is undeniable that a delay in diagnosis leads to a delay in a child with autism receiving the early intervention and treatment services that are critical to their long term development. Effective and widespread screening can be the difference between a child's ability to develop early language skills, socialize with other children, and eventually matriculate into a regular kindergarten classroom as compared to a lifetime of health, social, behavioral, and quality of life challenges if early developmental signs are ignored.

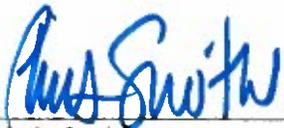
Accordingly, if finalized, this screening recommendation could have a detrimental and long-term impact on children and families who have been touched by autism. It also runs counter to the intent and goals of USPSTF's mission, as well as the work of scientists, medical researchers and advocacy organizations that have invested in raising the quality of life and enhancing the well-being of children and adults on the spectrum.

Reducing the age of diagnosis is a goal of ours as well as the Interagency Autism Coordinating Committee (IACC), the overwhelming majority of the autism community, and those who advocate on their behalf. In fact, the USPSTF proposal runs counter to guidelines set by the American Academy of Pediatrics which recommends screening all children for autism between the ages of 18 and 24 months.

One of the stated goals of USPSTF recommendations is “to improve the health of individuals and society by reducing the length of and need for medical treatment.” With that primary objective in mind, it is troubling that the USPSTF would issue a draft recommendation that sends a mixed message to pediatricians about screening children for autism. Autism screenings are one tool in addressing the autism epidemic, but remain an essential part of a larger conversation parents should be having with their child’s physician. If the USPSTF draft recommendation is finalized, families and their physicians could lose a critical screening test that identifies a spectrum of developmental disabilities that if diagnosed and treated early, can dramatically improve a child’s trajectory for the rest of his/her life.

We strongly recommend USPSTF withdraw its draft recommendation and look forward to your response.

Sincerely,



Chris Smith
Co-Chair
Congressional Coalition for
Autism Research and Education



Mike Doyle
Co-Chair
Congressional Coalition for
Autism Research and Education



Marsha Blackburn
Member of Congress



Maxine Waters
Member of Congress



Ted Deutch
Member of Congress



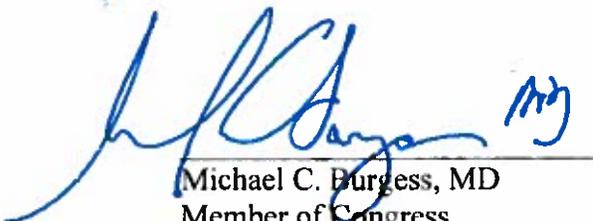
David Scott
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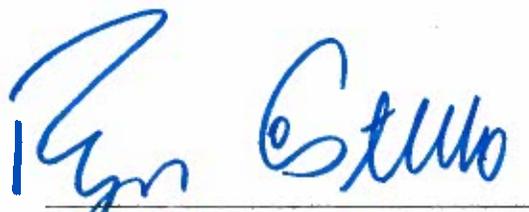
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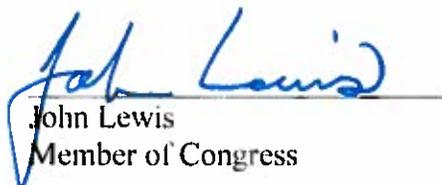
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