



June 29, 2009

Representative George Miller, Chairman Education and Labor Committee
Representative Charles B. Rangel, Chairman Ways and Means Committee
Representative Henry A. Waxman, Chairman Energy and Commerce Committee

RE: Tri-Committee House Health Reform Draft Language

Dear Chairmen Miller, Rangel and Waxman:

The American Clinical Laboratory Association (ACLA) applauds your combined efforts to focus attention on early detection and prevention in the discussion health reform language. Early detection and intervention for chronic diseases, which represents 75% of our health care spending, is absolutely essential. The cost of laboratory testing - the most cost effective and earliest intervention for patients - represents only 2.3% of the current \$2 trillion in health care spending.

ACLA is pleased to provide comment on the Tri-Committee House Health Reform Draft Language. ACLA commends and fully supports the committee's recognition to eliminate any cost sharing for preventive and clinical diagnostic services, waive the deductible for colorectal cancer screening tests and extend the technical component grandfather through 2011.

Below are technical comments on other sections of the language. The emphasis is on expanding the criteria used by the USPSTF to make recommendations for preventive screening services. Finally, ACLA encourages the inclusion of HR 1699 "Patient Access to Critical Lab Tests Act" language to ensure access to high quality, cost effective medical care.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads 'Alan Mertz' in a cursive style.

Alan Mertz
President

**Tri-Committee House Health Reform Draft Language
American Clinical Laboratory Association Comment**

Title I, Subtitle C – Standards Guaranteeing Access to Essential Benefits – Beginning page 22.

Section 122 Essential Benefits Package Defined, (b) Minimum Services to be Covered;

Page 24 - This list of services should be expanded to separately provide for clinical laboratory services.

Page 25 - (8) Preventive Services - ACLA finds reliance on A or B recommendations of the current USPSTF to determine the inclusion of preventive services a concern for patients and providers. As one of many examples to support this, the American Association of Clinical Endocrinologists recommend “Annually screen all individuals 30 years or older who are at risk for having or developing type 2 diabetes mellitus and screen all patients with diabetes mellitus for chronic kidney disease annually”. Neither of these measures for early detection of costly, chronic disease would be implemented under the current USPSTF A or B recommendations. **ACLA’s recommended language addition to Title III (see below) will require the USPSTF to re-classify and expand their clinical preventive best practice recommendations to include recommendations from the Agency for Healthcare Research and Quality, National Institutes of Health, Centers for Disease Control and Prevention, Institute of Medicine, specialty medical associations, patient groups, and scientific societies. This is consistent with language adopted by the Senate HELP Health Reform bill.**

Title II, Payment rates for public health insurance option

Page 93 - A large portion of clinical laboratory services are paid under a clinical laboratory fee schedule from Medicare Part B. **As Part B providers, clinical labs should be specifically stated as eligible for the proposed increases in years 1 through 3, scheduled rates plus 5%, if clinical labs participate in Medicare and the public health insurance option.**

Page 315 - ACLA fully supports the Technical Component grandfather extension which provides for a 2 year extension through 2011.

Page 404 - ACLA fully supports the elimination of any cost sharing for preventive services.

Page 410 - ACLA fully supports the waiver of the deductible for colorectal cancer screening tests including the pathology tissue biopsy and interpretation to establish the diagnosis.

Page 674 - Part 2 Prevention - Sec. 1811 - Required coverage of preventive services - **ACLA’s recommended language addition to Title III (see below) will require the**

USPSTF to re-classify and expand their clinical preventive best practice recommendations to include recommendations from the Agency for Healthcare Research and Quality, National Institutes of Health, Centers for Disease Control and Prevention, Institute of Medicine, specialty medical associations, patient groups, and scientific societies.

Title III – Prevention and Wellness:

Page 802 - ACLA recommends a language addition that will require the USPSTF to re-classify and expand their clinical preventive best practice recommendations to include recommendations from the Agency for Healthcare Research and Quality, National Institutes of Health, Centers for Disease Control and Prevention, Institute of Medicine, specialty medical associations, patient groups, and scientific societies.

Page 806 - ACLA believes the Clinical Prevention Stakeholders Board should include a representative from the clinical laboratory industry.

ACLA encourages the inclusion of HR 1699 “the Patient Access to Critical Lab Tests Act” language to ensure access to high quality, cost effective medical care.