

ACLA Key Health Reform Goals And Proposed Action

Laboratory testing services must be part of covered benefits in all health plans. Laboratory medicine stands at the front line in addressing today's most urgent health care challenge—providing better, more-effective care, while reining-in rising health care costs. Information from laboratory tests enables early detection and targeted therapy that, together, are changing the course of the most costly and damaging diseases—cancer, heart disease, HIV, and diabetes, among others.

Proposed Action:

1. Health systems should encourage appropriate utilization of clinical laboratory services by rewarding health care providers to institute care consistent with consensus clinical guidelines especially for costly chronic disease.
2. Medicare beneficiaries should continue to have full access to laboratory services without co-pays to encourage prevention, early diagnosis and wellness.

Laboratory Services must receive adequate reimbursement commensurate with the added value and savings they contribute to health care delivery.

Lab tests enable earlier detection of health risks and disease, decreasing the severity and cost of subsequent health care interventions. While tests comprise less than 5% of hospital costs and about 1.6% of all Medicare costs, their findings influence as much as 60-70% of health care decisions.

Proposed Action:

1. Medicare reimbursement for lab services should receive annual CPI updates. When Congress established the Medicare fee schedule for lab services, it capped payments and promised that those payments keep pace with inflation by authorizing annual inflation updates. Unfortunately, those updates have more often than not been eliminated or reduced to less than inflation.
2. Laboratory services should continue to be direct billed to payers. Bundling of laboratory services with physician payments is less efficient for the taxpayer, could lead to the wrong incentives and reduced use of laboratory services resulting in harmful consequences for patient care.
3. Health plans should include a redesigned payment system for advanced diagnostic genetic and molecular tests. Health reform must recognize the importance of these exciting breakthroughs and eliminate complex and outmoded reimbursement requirements.

Preventive and early diagnostic lab services are a critical component of true health reform and should be a covered benefit in all health plans. A reformed health care system must make screening, wellness and prevention of equal importance to treating disease. The result would be more complete health care, healthier Americans and significant cost savings to the system.

Proposed Action:

1. Same proposed action items as above, especially including limited beneficiary out-of-pocket costs for preventative & early screening testing (no copays or deductibles), similar to the FEHBP Blue Cross Standard Plan.
2. Adopt the American Academy of Pediatrics “Bright Futures” approach to address children’s medical screening needs.
3. Establish a similar approach to develop screening medical test guidelines for adults (age 21 plus). These guidelines, to include recommendations for periodicity and interval testing, will represent a single standard of care and a common language based on a model of health promotion and disease prevention.
4. Build on but reformulate the United States Preventive Services Task Force (USPSTF) to develop adult screening guidelines. Membership on the USPSTF should be expanded to include specialty physicians, public health professionals with screening test expertise, epidemiologists and biostatisticians. This expanded body should consider evidence from professional medical societies, consensus clinical guidelines, and peer-reviewed literature in addition to research studies.
5. Establish a separate workgroup of the USPSTF for the advancement of new, innovative genetic based screening test guidelines. Membership on this workgroup should include molecular and genetic experts from the Association of Molecular Pathology, American College of Medical Genetics, American College of Obstetrics and Gynecology, College of American Pathologists, Genetic Alliance, Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality.
6. All the screening test guidelines should be reviewed by and subject to approval and validation by the National Quality Forum consensus standards process. Once approved as consensus standards, the guidelines should become part of a pay for performance incentive for primary care health care providers.