

•Message from Dr. Sundwall:

We are committed to *improving* reimbursement by public payers for clinical laboratory services.

•Environmental and Occupational Health:

OSHA published final rules implementing the Needlestick Safety and Prevention Act.

•ESRD:

HCFA stated that they plan to eliminate the 50 percent rule and set up a new system for paying for non-composite rate tests.

•Federal Affairs:

Our first legislative priority should be restoration of the CPI for 2002.

•Lab Personnel Shortages:

ACLA participated in the "Summit on the Shortage of Clinical Laboratory Personnel II".

•State Issues:

ACLA commented on proposed regulations in Maryland regarding uniform claim forms.

The new administration has hit the ground running. The President has announced his cabinet appointments (all of whom have already been confirmed). He has proposed significant new legislative initiatives in education, and he has already met with key members of Congress on both sides of the aisle. However, the Department of Health and Human Services (D.H.H.S.) has yet to take shape - Wisconsin Governor Tommy Thompson has been approved by the Senate to assume the post of Secretary of H.H.S., but he is not expected to assume responsibilities here until sometime next week. Soon thereafter he is likely to appoint individuals to senior positions within his agency, and just who they are should signal the administration's priorities. These appointments are particularly important in that the Governor has not had significant background experience in health care, per se, and his interests seem more in social policy as evidenced by his state's leadership in welfare reform.

We already have some idea, however, of what soon-to-be Secretary Thompson considers most important from his Senate confirmation hearings (January 18 - 19). His priorities include a "thorough examination" of HCFA, improving access for all seniors to prescription drugs, giving states more flexibility in serving the health needs of the poor, and re-authorizing welfare reform legislation. He also expressed optimism about new technologies and the promise of improved productivity and efficiency from emerging medical science and information systems. We can only hope that this confidence translates into more efficient government mechanisms to review and approve new technologies, and that streamlined coverage policies will facilitate their becoming Medicare benefits which improve patient care.

Washington is a remarkably fluid place and ACLA continues to explore new alliances to improve our ability to represent and promote the in-

terests of our members. We recently participated in a national summit to address growing concerns about shortages in the clinical lab workforce (see report below). We are considering joining forces with other not-for-profit organizations to strengthen our voice in the debate on Medicare reform. And we continue to work with our colleagues in the clinical laboratory industry to seek adoption of constructive proposals from the recently published Institute of Medicine report on Medicare Laboratory Payment Policy (some legislative, some regulatory). And perhaps most important, during this congress we are committed to *improving* reimbursement by public payers for clinical laboratory services.

Remember - the ACLA Annual Membership Meeting is March 1-2, 2001, here in Washington. If you haven't already registered, please do so now (registration form enclosed).

David N. Sundwall

Environmental and Occupational Health

On January 18, 2001, the Occupational Safety and Health Administration (OSHA) published final rules implementing the Needlestick Safety and Prevention Act. That act, enacted on November 6, 2000, required OSHA to revise its bloodborne pathogen standards within six months, stipulated the language of the revision and exempted OSHA from procedural requirements under OSHA and the Administrative Procedures Act. OSHA is soliciting comments only on the information collection requirements attendant to the regulations. Because this rule has statutorily mandated deadlines, ACLA believes it does not fall under the new Administration's moratorium on new regulations.

Proposed regulations that do fall under the moratorium are those published on January 22, 2001, by the Research and Special Programs Administration (RSPA) of the Department of Transportation. As reported in the May 2000 issue of

Results, ACLA met with RSPA staff to discuss our concerns about proposals for the transportation and packaging of diagnostic specimens. We stressed the importance of getting specimens from the patient to the laboratory as safety and quickly as possible and the integral role of the courier system in accomplishing that goal. We were gratified to see that the proposed regulations provide for a complete exemption from the hazardous materials regulations for diagnostic specimens transported by private or contract motor carriers. Despite the uncertainty of the status of these proposed regulations, ACLA will submit comments by the stipulated due date of April 23, 2001.

The final OSHA rule and proposed DOT rule are available on the ACLA website, www.clinical-labs.org.

ESRD

On January 24, 2001, the HHS Inspector General made public a copy of its report, "Review of Separately Billed End Stage Renal Disease Hospital Outpatient Laboratory Tests Included in the Composite Rate." The review found that hospital laboratories were reimbursed separately for lab services that were included in the dialysis facility's composite rate. Further, and contrary to the "50 percent rule," separate payments were made for additional profile tests performed in conjunction with the monthly testing included in the composite rate. In its comments on the report, HCFA concurred with the findings and proposed corrective actions to address the issues. Specifically, HCFA stated that they plan to eliminate the 50 percent rule and set up a new system for paying for non-composite rate tests.

A copy of the report is available on the ACLA website, www.clinical-labs.org.

Federal Affairs

Representatives of ACLA member companies met on January 11, 2001, to consider legislative and regulatory issues affecting the membership and develop the ACLA agenda for 2001. General consensus was reached that our first legislative priority should be restoration of the CPI for 2002. We also will seek an increase in the phlebotomy draw fee, a fee that has been frozen since 1984. Both of the agenda items will almost certainly also be 2001 priorities of the Laboratory Budget Coalition. Other ACLA objectives include final implementation of two laboratory provisions of the Balanced Budget Act of 1997 – regional carriers for lab claims and publication of the final rule on the national payment policies developed by the negotiated rulemaking committee.

Lab Personnel Shortages

ACLA participated in the "Summit on the Shortage of Clinical Laboratory Personnel II", hosted by the American Society for Clinical Laboratory Science in New Orleans on January, 22. Representatives from a dozen clinical lab organizations reviewed the components of a strategic plan to address what is agreed is a growing and serious problem in many regions of the country. These components include: current and accurate data collection, marketing, recruitment, and options for financing the education of a variety of lab personnel and professionals, e.g. scholarships and federal loan forgiveness programs. ACLA has offered to host the next meeting of this group which will likely convene in Philadelphia, concurrent with the CLMA Staffing Shortage Forum (March 30 - 31).

State Issues

On January 29, 2001, ACLA commented on proposed regulations in Maryland regarding uniform claim forms. Under the proposed regulations, qualified "clean claims" must include, among other data elements, the "date of current illness, injury, or pregnancy." In our comments, we pointed out that laboratories are not likely to know these dates. We have learned in discussions with officials at the Maryland Insurance Administration that they will, in final regulations, exempt laboratories from this requirement.

We are also preparing comments on proposed Maryland regulations that would impose onerous lead reporting requirements.

**ACLA welcomes our newest member
Total Renal Laboratories Inc.,
a wholly-owned subsidiary
of DaVita Laboratory Services Inc.**

SAVE THE DATE!

**ACLA ANNUAL
MEMBERSHIP MEETING
MARCH 1-2, 2001**

**THE GRAND HYATT HOTEL
1000 H STREET, NW
WASHINGTON, DC
202-582-1234**

*(Registration form enclosed)
(HURRY! - Hotel reservation
deadline is February 14th)*

Calendar of Events — February 2001

February 1	Confidentiality Coalition Meeting	<i>Washington, DC</i>
February 2	National Exploring Health Careers Committee Meeting	<i>Washington, DC</i>
February 6-7	Robert Wood Johnson Health Policy Fellowship Board	<i>Washington, DC</i>
February 9	Lab Budget Coalition Meeting	<i>Washington, DC</i>
February 9-10	ACLA CPT Editorial Advisory Board Meeting	<i>Chicago, IL</i>
February 13	ACLA ESRD Committee Meeting	<i>Washington, DC</i>
February 23-24	International Seminar on Innovation in Health Care	<i>Toyko, Japan</i>
February 28	ACLA CPT Advisory Committee Meeting	<i>Washington, DC</i>

FEBRUARY 2001