

The ACLA Annual Membership Meeting was March 1 - 2, here in Washington, and we again had an opportunity to hear from national leaders and experts about a range of issues of importance to the clinical laboratory community. The following is a brief overview of the plenary session presentations.

Congressman **Pete Stark (D-CA)** was our keynote speaker and provided his predictably interesting and humorous view of the “health agenda” for the 107th Congress - what will merit legislative attention, but also what may fall victim to partisan differences. He is not optimistic about major Medicare reforms happening this year. **Dr. Kenneth Moritsugu, Deputy Surgeon General of the U.S. Public Health Service**, provided an overview of Healthy People - 2010: Goals for the Nation. He told of significant accomplishments in improving the health of our citizens and highlighted new challenges related to lifestyles, violence, and irresponsible sexual behavior.

**Dr. Alan Guttmacher, Senior Clinical Advisor to the National Human Genome Research Institute**, informed us of what health benefits are likely to accrue from information gained from the recently completed mapping of the human genome. He also described limitations of genetic medicine and discussed the significant ethical implications attendant to use, and potential misuse of genetic information.

**Dr. Douglas Kamerow, Director of the Center for Practice and Technology Assessment in the Agency for Healthcare Research and Quality [AHRQ]**, gave a presentation on the development of “evidence-based medicine” (EBM), and invited ACLA to submit topics for research to AHRQ, e.g. to demonstrate the utility of lab data in preventive medicine, clinical

practice guideline development, and “evidence-based” clinical reports.

Two members of the Institute of Medicine (IOM) Committee on Medicare Payment Methodology for Clinical Laboratory Services, **Dr. John Matsen**, and **Bruce Steinwald**, were joined by **Jack Emery, Director of Federal Affairs for the American Medical Association**, for a panel discussion on recommendations and implications of the IOM report, Medicare Lab Payment Policy: Now and in the Future. The study participants reported on the integrity of the process to develop the report, and emphasized the importance of vested interest groups working together to see that the recommendations are translated into practice - by public and private sector payers.

**Kathy Means, formerly Health Staff Director of the U.S. Senate Finance Committee**, and now Senior Public Policy Advisor for a Washington law firm, provided a “Republican Perspective” on the health agenda for the 107th Congress. She described what the new administration will seek in Medicare reforms, e.g. promoting patient choice ala the “Breaux/Frist” legislative proposal, and the addition of a limited prescription drug benefit. However, she seemed to share Congressman Stark’s view that significant changes in policy may not occur any time soon in view a split Senate, and a very narrow margin of Republican majority in the House of Representatives.

**Dr. Bill Braithwaite, Senior Advisor on Health Information Policy for H.H.S.** gave an update on the status of implementation of the administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996, and reported that the “privacy provisions” were undergoing further review by the new Secretary of H.H.S., Tommy Thompson. We also had a comprehensive overview of F.D.A. activities related to clinical labs by **Dr. Bernard Statland**, and **Dr. Steven Gutman**. They described their

•**Message from Dr. Sundwall:**  
**Dr. Ron Weiss, ACLA Board Chair**, challenged all members to work together with staff to see that the goals and objectives we identified through the course of our membership and board meetings are achieved in the coming year.

•**Billing and Reimbursement:**  
ACLA members met with HCFA representatives at the ACLA annual meeting.

•**CPT:** We anticipate presenting comments on CAP’s proposed new codes for hematology tests at the May meeting of the Panel.

•**ESRD:** HCFA shared with ACLA a discussion draft proposal on elimination of the 50/50 rule.

•**State Issues:** ACLA filed comments on proposed Maryland regulations for reporting blood lead testing.

responsibility for determining waived status from CLIA regulations for new diagnostics tests, and focused on issues related to the possibility of future regulation of genetic testing. Our final speaker was **Dr. Herbert Bonkovsky**, who reported on the prevalence of iron storage disorders, the pathophysiology of hemochromatosis, and the arguments - pro and con - for screening the general population for such.

**Dr. Ron Weiss, ACLA Board Chair**, closed the meeting with a challenge to all members to work together with staff to see that the goals and objectives we identified through the course of our membership and board meetings are achieved in the coming year.

On behalf of ACLA staff - JoAnne, Cheryl and myself, we welcome the participation of our member companies, and our guests, in this annual event. We have been successful in getting high level speakers - informed and influential individuals - to address our group. Nonetheless, we welcome your impressions and recommendations on how we might improve our conference. Please feel free to send your comments to us here.

*David N. Sundwall*

## Billing and Reimbursement

Members of the ACLA Billing and Reimbursement Committee and other interested ACLA members met with HCFA representatives at the ACLA annual meeting on March 1, 2001. We were advised that implementation of the regional carrier provision was hampered by absence of a new agency administrator as well as HCFA's continuing concerns

about the cost/benefit of this provision of law. The final rule on national laboratory policies, developed by the negotiated rulemaking committee is bottled up in HCFA's regulation writing group, along with more than 100 other regulations HCFA estimates that it could be more than six months before a final rule is published.

In response to a question about the status of national limitation amounts (NLAs) and fee schedule amounts for CPT codes that have been gap-filled, HCFA staff reported that a program memorandum setting NLAs for several outstanding gap-filled CPT codes, including Thin Prep Pap Smear, should be issued on March 8, 2001, with an effective date of April 4, 2001.

## CPT

The committee convened here on February 28. We reviewed actions taken by the CPT Editorial Panel in their February meeting, during which the one new code ACLA requested be added to the 2002 manual was approved [genotype analysis for hepatitis C viral testing - #87902]. We anticipate presenting comments on CAP's proposed new codes for hematology tests at the May meeting of the Panel. The committee is concerned that certain tests which received new codes last year are being reimbursed at rates considerably lower than similar tests were previously. ACLA will survey member companies to assess the financial impact of new lab test codes on revenues. The committee is also preparing to make recommendations for revisions in the CPT manual for 2003 - comments due to the AMA in October.

## ESRD

The ESRD committee met by conference call on February 13, 2001, to consider legis-

lative and regulatory priorities for 2001 and to prepare for a meeting with HCFA staff in conjunction with the ACLA annual meeting. The committee concluded that the top priorities should be repeal of the 50/50 rule, designation of a single carrier for the processing of ESRD lab claims and clarifying carrier payment policies for peritoneal equilibrium tests.

Shortly before the ACLA annual meeting, HCFA shared with ACLA a discussion draft proposal on elimination of the 50/50 rule. The draft was discussed with HCFA staff during the meeting; HCFA has promised to share the draft program memorandum with us before publication. In the interim, the ESRD committee will meet by conference call in March to evaluate and determine the ACLA position on the proposal.

## State Issues

On February 12, 2001, ACLA filed comments on proposed Maryland regulations that would significantly expand requirements on laboratories for reporting the results of blood lead testing. Among other provisions, the proposed regulations would require labs to obtain a significant amount of patient demographic information that laboratories typically don't collect and have considerable difficulty collecting from the treating physician.

ACLA also submitted a statement in support of legislation introduced in Georgia, SB 145, that would prohibit clinical laboratory employees from performing any duties in the office of a health care provider or group of providers. The bill would provide monetary and disciplinary penalties for violators of the prohibition.

---

## Calendar of Events — March 2001

<b>March 1 - 2</b>	ACLA Annual Membership Meeting	<i>Washington, D.C.</i>
<b>March 6</b>	10th Anniversary Celebration National Committee on Quality Assurance	<i>Washington, D.C.</i>
<b>March 8</b>	ACLA Legal Committee and HIPAA Meeting	<i>Conference Call</i>
<b>March 13</b>	ACLA ESRD Committee Meeting	<i>Conference Call</i>
<b>March 19</b>	ACLA CPT Committee Meeting	<i>Conference Call</i>
<b>March 22</b>	ACLA Billing and Reimbursement Committee Meeting	<i>Conference Call</i>
<b>March 23</b>	Johns Hopkins Men's Health Conference	<i>Baltimore, MD</i>
<b>March 30</b>	Annual Session of the American College of Physicians/American Society of Internal Medicine	<i>Atlanta, GA</i>
<b>March 31</b>	CLMA Staffing Shortages Forum	<i>Philadelphia, PA</i>

---