



American Society for Clinical Laboratory Science  
*Voice, Value, Vision*

***Government Affairs Committee (GAC)***  
***e-newsletter***  
***Issue #4 – April 2010***

One of the strategic goals of our committee for 2009-2010 is to improve communication to the broader ASCLS membership and to provide a more consistent face to our members, in keeping with President Mary Ann McLane's "provide the face" initiative. The GAC e-newsletters are also available on the *ASCLS Advocates for You* section of the ASCLS website.

***In this issue...***

- Healthcare reform update
- Legislative Symposium 2010 summation

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***Health Care Reform Update***

**Healthcare Reform Bill Is Signed by the President**

H.R. 3590, which is the Senate version of Health Care Reform, "Patient Protection and Affordable Care Act", passed the House late Sunday March 21 by a partisan vote of 219 to 212 (34 Democrats and 178 Republicans voted "no"). The reconciliation package (H.R. 4872) passed by a vote of 220 to 211 (33 Democrats and 178 Republicans voted "no"). H.R. 3590 was signed by the president on March 23. The reconciliation bill moved to the Senate where a few details had to be corrected and sent back to the House for another vote.

For the laboratory community, the Bill includes an across-the-board clinical laboratory fee schedule cut of 1.75 percent for 5 years, scheduled to begin in 2011. In addition, the Senate bill includes a "productivity adjustment" to the annual CPI update for labs which replaces the 0.5% reduction to updates implemented just last year. The productivity adjustment would reduce the laboratory fee schedule further. The just-passed Senate version of reform provides that the productivity adjustment cannot reduce the CPI update below zero. These provisions are contained in section 3401(l) of the Bill.

At the recent Legislative Symposium with ASCLS, CLMA, AMT and ASCP, representatives of the laboratory industry spent a day on the Hill visiting members of Congress, in both the House and Senate, to lobby for laboratory issues. These organizations would like to see

Congress institute the negotiated rule provisions for any proposals which have the potential to impact laboratory reimbursement. The laboratory, like all other segments of health care, is going to have to take some cuts in reimbursement to pay for health care reform, but we need to be sure we have input as to how they are applied.

The Government Affairs Committee of ASCLS will be following the next steps closely.

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## ***Legislative Symposium 2010***

by Cindy Johnson, GAC Vice Chair

The annual Legislative Symposium hosted by ASCLS, the Clinical Laboratory Management Association (CLMA), the American Society for Clinical Pathology (ASCP) and the American Medical Technologists (AMT) was held in Washington, D.C. on March 15-16<sup>th</sup>. There were 144 attendees representing 40 states and approximately 50% of the participants were first-time attendees. It was identified as an opportune time for clinical laboratorians, as our input is critical in the shaping of health care reform.

On day one of the symposium, several leaders and legislative experts from the laboratory professional organizations provided guided education on the issues affecting clinical laboratories and how to successfully present them to our congressional members and their legislative assistants. Through various activities, attendees learned about the current political climate and how health care reform could impact the clinical laboratory. In addition, Judy Yost, CMS CLIA Director for the Division of Laboratory Services, provided an overview of CLIA program statistics.

### **Converging on Capitol Hill**

Day two of the symposium provided the opportunity for us to discuss the issues facing clinical laboratories with the health care legislative assistants, or in some cases directly with congressional members. We introduced our issues by providing the face of the laboratory through a leave-behind paper entitled “Who am I?” This document described the value of laboratory professionals and their commitment to patient care. For many of us, this opening statement about our roles was an easy mechanism to invite conversation and ease into our main talking points.

### **Modernization of the Laboratory Fee Schedule**

With the proposed health care reform bill, reductions in the laboratory fee schedule are imminent. In its current state, the laboratory fee schedule does not reflect the advancements in technology and safety seen in the laboratory over the past twenty-five years. In an effort to modernize the laboratory fee schedule while supporting legislative endeavors to equitably finance health care reform, we propose that this be accomplished through a negotiated rule-making process. It is imperative that the laboratory community be a part of the discussion to assist in determining how the laboratory fee schedule is revised.

### **The Medical Laboratory Personnel Shortage**

The personnel shortage, compounded by the threat of closure of laboratory training programs across the nation due to lack of funding, has made it imperative that we seek congressional support to

reauthorize the Workforce Investment Act (WIA). Associated programs such as the Career Pathways Innovation Fund are essential to the survival of the laboratory field as they provide opportunities to target training in laboratory medicine. Allocated funds from the WIA have provided or supplemented grants for existing and emerging medical laboratory education programs.

**Our Take Away**

Throughout the experience on Capitol Hill, it was made evident to all of us as laboratory professionals that we have already made an impact. Many of the legislative personnel were familiar with the vital role the laboratory plays in patient care and were receptive to our message. To preserve momentum, it is our responsibility as a laboratory community to keep this line of communication open to our congressional leaders as it is an invaluable tool for change.

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If you have any questions about regulatory issues and state and national legislative issues, please contact Rick Panning at 612-262-5012 or [rick.panning@allina.com](mailto:rick.panning@allina.com).

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