

# 15th Annual ASCLS Legislative Symposium

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Another successful ASCLS Legislative Symposium was held March 17 and 18, 2003, co-sponsored by CLMA. The Hill visits were done in collaboration with the Clinical Laboratory Coalition (CLC), which held a 'fly-in' on March 18. The CLC is a group of professional associations that lobbies together on legislation of interest to the laboratory community, especially issues of reimbursement for laboratory services.

Over 85 participants representing 38 states attended educational sessions on Monday, March 17. These were intended to familiarize attendees with the issues which would be part of the lobbying efforts, to provide background education on other bills that they might be asked about at Congressional and Senate offices, and to educate them on how to lobby effectively.

As is typically the case, about half of the participants were attending the Legislative Symposium for the first time. Attendees ranged in experience from four clinical laboratory science (CLS) students to a handful of members who have attended every year for the 15 years of this event.

The program also included a presentation by Judy Yost, Director of the CLIA program for the Center for Medicare and Medicaid Services (CMS), who presented a summary of the CLIA regulatory changes that were published in the January 24, 2003 Federal Register. (See Washington Beat column in the Spring 2003 issue of *Clinical Laboratory Science*.)

On Tuesday, March 18, participants made visits to the offices of their Senators and Congresspersons, including the member of Congress from the district where they live, as well as others from their state in some instances. Members from about ten states were matched up with about 15 at-

tendees from the CLC, who came from the AACC, AMT, AAB, Ortho Clinical Diagnostics, ASM, Quest, and Marshfield Clinic. In some instances, these groups were accompanied by a staff person or lobbyist from one of the CLC organizations.

Three issues were on the docket for our lobbying efforts.

### Personnel shortage

We asked for House co-sponsors and a Senate sponsor for HR 623, the Medical Laboratory Personnel Shortage Act of 2003. Original sponsors are Representatives John Shimkus (R-IL), Jesse Jackson Jr (D-IL), and Michael Bilirakis (R-FL). This is very similar to the 2002 bill introduced by the same sponsors. It would provide funding for laboratory education programs, and some scholarships and loan forgiveness for students. We presented factual and anecdotal information about laboratory personnel shortages and their impact on access and quality for the patients we serve.

Legislative Symposium participants were successful in finding six co-sponsors for HR 623. These include Representatives Harold Ford (D-TN), Charles Gonzalez (D-TX), Don Young (R-AK), Martin Frost (D-TX), Frank Wolf (R-VA), and Colin Petersen (D-MN).

### Drawing fee

We asked for House cosponsors and a Senate sponsor for HR 883, the Medicare Laboratory Services Access Act of 2003 introduced by Representatives Phil English (R-PA) and Peter Deutsch (D-FL). The specimen collection (venipuncture) reimbursement has been \$3.00 since 1984. Costs of providing the service have risen due to the safety requirements for safer needles, gloves, and other disposable equipment, as well as increases in personnel costs over 19 years. The bill asks for the fee to be raised to \$5.42, which is what it would be if annual inflationary increases had been given. (Note: Even this amount would not cover costs for many laboratories.) The poor reimbursement for collection has been a factor in many laboratories declining to service nursing homes, which limits access to testing for Medicare beneficiaries there.

*Washington Beat is intended to provide a timely synopsis of activity in the nation's capitol of importance to clinical laboratory practitioners. This section is coordinated jointly by Kathy Hansen, Chair of the ASCLS Government Affairs Committee, and Don Lavanty, ASCLS Legislative Counsel. Direct all inquiries to ASCLS (301) 657-2768 extension 3022; (301) 657-2909 (fax); or mail to ASCLS, 6701 Democracy Blvd., Suite 300, Bethesda MD 20814, Attention: Washington Beat.*

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### Laboratory CPI update

Clinical laboratories received the first consumer price index (CPI) update in six years in 2003. The Medicare Clinical Laboratory fee schedule had been frozen for five years (1998-2002), until a 1.1 % increase was given for 2003. By law, the fee schedule must receive a CPI adjustment annually unless Congress takes action to freeze it during the budget process. There are concerns that a freeze may be imposed again, as Congress searches for funding for a Medicare prescription drug benefit. In this instance, we were urging that no further freeze be imposed, as laboratories have been hurt by the previous actions.

As of about six weeks after the Legislative Symposium, both HR 623 and HR 883 had been referred to the House Subcommittee on Health but not yet acted upon. We expect that will happen as part of discussions on a Medicare prescription drug benefit, which will likely prompt examination of other Medicare issues, including these three. This debate is likely to occur in late May or June.

Whenever Congress looks at funding of the Medicare program, there is always the possibility that some proposals from

past years may resurface for consideration, if there is a perception that they would generate savings for the program and free up money for a drug benefit. One of these is competitive bidding for laboratory services for Medicare beneficiaries. This has long been opposed by ASCLS, on the grounds that laboratory services are not a commodity, that competitive bidding would restrict access to services by putting some laboratories out of business, and that Medicare already controls its cost of laboratory services via its fee schedule. Another possibility is the imposition of a co-pay for laboratory tests, a feature that was eliminated years ago when the fee schedule was implemented with a concurrent decrease in reimbursement. A co-pay requirement would greatly increase administrative burden and administrative costs for laboratories.

The Legislative Symposium participants are urged to continue their advocacy efforts by staying in touch with Washington staffers they met with, visiting the home offices of their elected officials, and inviting their elected officials to tour a clinical laboratory when they are home in their state. On the Washington end, Don Lavanty, ASCLS legislative consultant, uses the debriefing reports submitted by participants to continue follow-up with offices that have shown interest in supporting our issues.

This event is one of the most important things we do to advocate for visibility and recognition for our profession. If you have never attended, start thinking now about next year—you will learn a lot and come away energized!