Are You Ready for Some Action? Giving Voice to the Value and Vision

KATHY HANSEN, DON LAVANTY

An esteemed colleague in ASCLS who is a clinical laboratory science educator recently stated in a presentation that she used to think education was the most important thing that ASCLS did – but now she thinks it's advocacy. This is not the first time this column has urged activism by ASCLS members and their colleagues, but events in the next year will mandate even more dedication than in the past. With apologies to Monday Night Football – are you ready for some action?

The messages were clear at several sessions at the ASCLS Annual Meeting in Los Angeles July 27–31, 2004. The laboratory community is threatened by a number of current and anticipated initiatives, and we need to come out from our laboratories and be heard as never before.

ASCLS and the Clinical Laboratory Coalition had some success in 2003, as detailed in articles in ASCLS Today. We can be justifiably proud of ASCLS's advocacy efforts as the House and Senate worked on the massive Medicare Reform Bill, known as the Prescription Drug and Modernization Act of 2003 (HR1). ASCLS worked very hard, in collaboration with other laboratory organizations that are part of the Clinical Laboratory Coalition, to ensure that the proposed 20% co-pay for laboratory tests was removed from the version that eventually passed.

Getting the attention of the House and Senate conferees on one item in such a large complex bill was a real challenge. ASCLS members called, wrote, emailed, attended town meetings, and made visits to their members of Congress (sometimes even at unusual venues like the state fair!) on this issue. For the first time, we went beyond the Government Affairs Committee network of key contacts, and sent broadcast emails to all members in hopes of recruiting more help to get our message out.

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.

The alternative provision was a ten-year freeze in the Medicare Clinical Laboratory Fee Schedule. Even though this is undesirable to say the least, it is less of an administrative and financial burden than administering the 20% co-pay would have been. Through further lobbying, the freeze was reduced to seven years, and finally to five years in the version that became law.

But we cannot rest on our laurels. With record federal budget deficits and huge additional expenses for prescription drug benefits, the costs of the Medicare program will continue to come under scrutiny, no matter which party wins the presidential election. Congress and the administration will be looking for ways to reduce Medicare expenses, the laboratory will be a target once again, and the threats may be more severe than ever before. Some or all of the following will be considered:

- re-consideration of the 20% co-pay for outpatient laboratory tests;
- extending the freeze on the Medicare Laboratory Fee Schedule;
- not just a freeze, but a cut in the Medicare Laboratory Fee Schedule;
- using data from a competitive bidding demonstration project (mandated by the Medicare Modernization Act) to cut or revise the Medicare Laboratory Fee Schedule; and
- possible adoption of the Florida model of competitive bidding for Medicaid laboratory services by other states.

Laboratory professionals must keep current on these and other issues of concern, and be prepared to make their case with lawmakers at both the national and state levels.

Paul Landauer, Director, Health Policy and Payment, Abbott Molecular Diagnostics, gave a thought-provoking session at the ASCLS Annual Meeting. He stated that policy makers must be convinced of the need to invest in the clinical laboratory, the richest source of health and disease status information available. From 1967 until 2001, total Medicare spending increased 382%, while spending for laboratory tests remained flat, due to freezes and reductions in the fee schedule. No one is better qualified to make our case than those who are on the front lines of laboratory service every day.

Downloaded from http://hwmaint.clsjournal.ascls.org/ on October 11 2026

ASCLS is a leader in the Clinical Laboratory Coalition (CLC) and has had influence and voice far beyond its numbers, comprising less than 5% of the total laboratory workforce. Even the total of the memberships of all the organizations in the CLC is a small minority of those working in the profession. The coming issues will require us to reach out to our colleagues who are not members of any organization, and convince them that they need to participate in this advocacy and not just leave it to others to do. As Paul Landauer said, "As the challenge escalates...the need for teamwork elevates".

- The advocacy that we need to do is made easier by today's communication systems. It is easy to call, fax, or email your Senators and Representatives at their Washington and home offices. Go to www.house.gov or www.senate.gov for contact information.
- Many laboratorians live close enough to a home office of their elected officials to call on that office and present their case in person. Follow up that personal visit with an invitation for your elected official and/or their staff to visit your laboratory. (Clear this in advance with your laboratory manager and, in some settings, the person responsible for public relations.)
- Many elected officials hold town meetings around their state to which the public is invited. These are excellent forums to raise concerns about quality and access in laboratory testing, and their impact on patient safety.
- One visit or phone call does not a relationship make—keep up the contact and offer to be available for questions as legislation comes up for discussion and action.

All of these principles apply equally to developing relationships with your state senators and representatives, especially in states that are working toward, or trying to preserve, state licensure laws. Even if you aren't in a licensure state, state officials have responsibility for Medicaid policy and many other healthcare issues.

We are in this for the long haul—if we don't convey the value of the laboratory and our visions for excellence and safety in our very important part of patient care, no one will do it. Will you commit to lending your voice and your energy when called upon? Will you spread the word among your colleagues and help them to become committed as well? You **WILL** be hearing from us!

GEICO AUTO INSURANCE. BECAUSE ONE INDUSTRY
LEADER
DESERVES ANOTHER.

You have plenty of great reasons to be a part of ASCLS. Now GEICO gives you one more: a special member discount on your auto insurance.*

Call **1-800-368-2734** for your free rate quote today, and be sure to mention your ASCLS affiliation.

GEICO offers you:
- Outstanding, 24-hour service from knowledgeable insurance professionals
- Fast, fair claim handling, with many claims settled within 48 hours
- Guaranteed claim repairs at GEICO-approved facilities*

Find out just how much you could save – and how much you'll get – with GEICO.

SPECIAL DISCOUNT
FOR ASCLS MEMBERS*

ASCLS

1-800-368-2734

GEICO DIRECT
geico.com

*Discount amount varies in some states. Some discounts, coverages, payment plans, and features are not available in all states or in all GEICO companies. One group discount applicable per policy. Government Employees Insurance Co. • GEICO General Insurance Co. • GEICO Indemnity Co. • GEICO Casualty Co. These companies are subsidiaries of Berkshire Hathaway Inc. GEICO auto insurance is not available in MA or NJ. GEICO, Washington, DC 20076. © 2003 GEICO

Downloaded from http://hwmaint.clsjournal.ascls.org/ on October 11 2026