



3/10/24

Support if Amended Raised Bill 5459

The Connecticut Society of Pathologists (CSP) **does NOT support Raised Bill 5459**, as currently written, but **WILL support it** if amended to expressly include pathology and laboratory medicine under the category of "select providers." The current legislation arbitrarily and detrimentally omitted pathology and laboratory services from the definition of "select providers" for a new rate methodology that would adjust Medicaid rates "to a specified percentage of Medicare for the same service."

The legislation, in excluding pathology and laboratory services, does not conform to the "Phase 1 Report: Studies of Medicaid Rate Reimbursement, February 2024" which explicitly found that pathology and laboratory services Medicaid payment rates are at 77% non-facility and 74.6% facility of the five state average, and 50% of the Medicare rate non-facility and 56% of the Medicare rate for facilities.

Other physician services, including radiology and anesthesiology, are expressly stipulated under the definition of "select providers." Moreover, the language of the definition in the legislation appears exclusionary as it does not state "including, but not limited to," which would allow pathology and laboratory medicine to be implicitly included as specialist services covered under the report. Thus, it is unclear to CSP if the conspicuous omission of pathology and laboratory services was intentional or an inadvertent drafting error in the bill. Nevertheless, the bill should be amended to correct this omission by explicitly including pathology and laboratory services.

It is the position of the College of American Pathologists (CAP) and the CSP that Medicaid payment rates should be raised to Medicare rates as part of ensuring access to health care for Medicaid patients. Pathology and laboratory services drives 75% or more of all patient diagnostic reporting. Without payment levels commensurate with Medicare, Connecticut risks deterioration in quality and turn-around time, and loss of patient access to convenient on-site and specialized pathologist and laboratory services. In this new era of personalized medicine, the adoption of new technology, including the use of genetic and biomarker testing and other advanced diagnostic techniques with significant costs in clinical laboratory operations, will be impaired and may become economically unattainable as a standard of care for Medicaid patients.

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Thus, failure to include pathology and laboratory services in the legislation will only drive greater health inequities afflicting the economically disadvantaged and most vulnerable in the state population.

Diagnostic pathology and laboratory services, under the supervision of pathologists, are critical to the health infrastructure of Connecticut. In sum, given the integral and omnipresent role of pathology and laboratory medicine in health care, especially cancer care, and the inclusion of such services in the Phase 1 Report, all these factors compellingly justify the amendment of Raised Bill 5459 to expressly include "pathology and laboratory services."

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