# September Advocacy Recap

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Hello, and welcome to the CAP Advocacy Recap, a monthly podcast dedicated to catching you up on the top news for pathologists. I'm Alec Bose, here with your September recap. This month, we'll look at updates regarding clinical laboratory labor pricing, the introduction of a bill to support Medicare providers, the dismissal of a federal surprise billing case, and more. First, we go to Congress, where the CAP and 25 other laboratory organizations called on leaders to protect payment for clinical laboratory services, by supporting the bipartisan and bicameral Saving Access to Laboratory Services Act, or SALSA. The coalition urged congressional leadership to pass the SALSA Act as a solution that would set Medicare reimbursement for laboratory services. It would also address concerns with clinical laboratory payment rates, because of PAMA. Absent congressional intervention, laboratories face a 15% cut in January of 2023. The CAP advocates for improvements to how the CMS collects laboratory data in order to stop next year's 15% payment cut, to more than 800 clinical laboratory tests. The CAP has long expressed concerns over PAMA's burdensome reporting requirements, and will continue to engage with congressional leadership moving forward.

Next, we turn to the CMS, where the CAP has asked the agency to finalize increased clinical laboratory labor pricing for 2023. The rates would be phased in over the next three years. Specifically, the CAP asked the CMS to finalize the histo-technologist labor rate increase, which would be greater than 16% of what it was originally. The CAP also appreciated that CMS is limiting changes to the MIPS program, but encourage CMS not to finalize changes to scoring on measures that would make it harder for pathologists to reach the scoring threshold. The CAP continues to fight for fair reimbursement and reduce reporting burdens for pathologists. We return to Congress, where the house has introduced the supporting Medicare Providers Act of 2022. The bipartisan legislation introduced by representatives Amy Barra and Larry Bouchon, aims to lessen the upcoming Medicare reimbursement cuts in 2023, and provides guidance to improve the Medicare payment system for physicians.

The CAP has urged Congress to take action to mitigate Medicare reimbursement cuts, while preserving critical physician services for Medicare patients, and applaud this effort. "Physicians are once again facing sharp decreases to the Medicare services they provide to our nation seniors, in just a few short months." AAP president, Emily Volk, said in a statement, "The economic relief offered in this new piece of legislation, comes at a time when margins are extremely thin, as inflationary pressures have increased costs in all sectors of the economy, including healthcare and physician practices." The CAP remains engaged and will continue to follow this legislation as it progresses. In other policy news, CAP leaders met with FDA officials to discuss issues pathologists have encountered with the emergency use authorization, or EUA process, during the COVID-19 pandemic, especially as it relates to some laboratories reporting delays in obtaining EUAs for COVID LDTs.

The discussion focused on pathologists concerns with the FDA's EUA process, including delays, burden on laboratories, and costs. The CAP requested input on how they plan to address delays, how to increase and improve communication with laboratories, and how the CAP can engage with the FDA on solutions. The agency noted several reasons leading to issues with the EUA process during the pandemic, including a large number of submissions to process at the onset of the pandemic. The FDA has responded by engaging a third party to speed reviews, and despite delays, the agency has allowed laboratories to offer COVID tests to patients, even if reviews of their submissions are pending. The CAP will continue its correspondence with the FDA, and inform members on any changes to the EUA process.

And we end our recap with surprise billing updates. The American Hospital Association and the American Medical Association moved to dismiss their lawsuit against the Biden Administration's regulation for the independent dispute resolution process created by the No Surprises Act. The final surprise billing rule instructed independent dispute resolution arbiters to consider an insurers median contracted in-network rate, and any additional information, including physician training and experience patient acuity, and more, when determining the correct payment for a surprise bill. In the filing to dismiss the suit, AHA and AMA said the case became moot, after the administration released a final rule. However, the AHA, AMA, and the CAP, still are concerned about the NO Surprises Act regulations process developed by the CMS.

The CAP will continue to advocate for changes in the law. You can find resources for the No Surprises Act and its regulations on our website. That's all for this edition of the advocacy recap. Thank you so much for listening. For more information on any of the stories you heard today, be sure to subscribe to our weekly advocacy newsletter, and follow us on Twitter, @CAPDCadvocacy. Once again, for CAP advocacy communications, I'm Alec Bose, and we'll see you next month.