# November 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 November recap.

This month, we'll look at remote work practices following the end of the emergency declaration, the finalization of the Medicare physician fee schedule, macro improvement recommendations and more. But we start today with remote work practices for pathologists. The CAP recently asked the CMS to evaluate remote sign out practices after the public health emergency ends. At the meeting of the CLIA, the CAP sought to address the evolution of laboratory practice and technology, while also cautioning the CMs from making changes that result in diminished quality and oversight. In a testimony, Dr. Joe Saad, vice chair of the CAP Council on Government and Professional Affairs, outlined how the CAP supports the continuation of the remote sign out waiver for the duration of the public health emergency declaration. However, the CAP recommended CLIA examined potential unintended consequences that could cause patient safety and testing quality issues.

Dr. Saad also stated that laboratories should perform PT by observing the same process that they do for patient samples, including moving samples among multiple sites to complete all aspects of testing. Doing so should not constitute intent to commit proficiency testing referral. The CAP will work closely with the CMS to ensure appropriate regulations and policies as clinical laboratory testing evolves. In congressional advocacy news, the CAP AMA and 80 other health organizations urged Congress to oppose the improving care and access to nurses or the, I can't act, as it would expand the medical scope of practice for non-physician practitioners or NPPs and endanger healthcare quality. In a letter, the coalition stated that quote, "the broad sweeping bill endangers the care of Medicare and Medicaid patients by expanding the types of services NPPs can perform and removing physician involvement in patient care."

This legislation would allow NPPs to perform tasks and services outside their education and training and could result in increased utilization of services, increased cost, and lower quality of care for our patients. The letter also states, while all healthcare professionals play a critical role in providing care to patients and NPPs are important members of the care team, their skillset are not interchangeable with those of fully educated and trained physicians. This is fundamentally evident based on the differences in education and training between the distinct professions, the CAP advocates to protect pathologists' scope of practice from encroachment by non-physician groups. The CAP will work with the AMA to further oppose this legislation in advocacy win for the payment of the technical component of pathology services. The CMS finalized proper rank order of the clinical labor rates for histo technologists and laboratory technicians in the final 2023 Medicare physician fee schedule.

Because of the CAP's advocacy, there will be more accurate payments for the technical component of pathology services in 2023. The final 2023 conversion factor use for the fee schedules payment formula is $33 and 6 cents, representing a 4.5% decrease from the final 2022 conversion factor. In the finals 2023 regulation, the CMS confirmed changes to the clinical labor rate, which would be priced in 2023, more than 21% higher than in 2022. This would restore the proper rank order rates from what the CMS had altered in 2022. Additionally, the laboratory tech and histo technologist blended rate will be priced more than 18% greater in 2023 than in 2022. These specific changes advocated for by the CAP provide a more accurate payment for pathology services. You can find the final physician fee schedule and a CAP webinar on how it could impact your practice on our website. And we end today on updates from MACRA. In response to a congressional request for information regarding the potential reform of MACRA.

The CAP provided feedback regarding pathologists experience in dealing with the current payment program and potential actions congress could take to stabilize the Medicare payment system by reforming MACRA. MACRA Was originally designed to create a quality payment program for physicians to reward value-based care. However, the macro program increased reporting burdens on physicians and has so far failed to stabilize the Medicare physician payment system, and physicians are now going to Congress each year to mitigate payment cuts. The CAP informed Congress of specific steps to stabilize the current Medicare payment system while furthering a successful transition toward value-based care. For instance, the CAP outlined the challenges of MACRA, including the lack of physician fee schedule updates to account for inflation and other practice costs. Impact of budget neutrality requirements of these programs, and the significant administrative burden of the Merit-based Incentive Payment System program or MIPS. The CAP continually advocates for fair pay for the value pathologists provide while reducing reporting burdens.

That's all for this edition of the CAP 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 at CAPDCAdvocacy. Once again for CAP advocacy communications, I'm Alec Bose, and we'll see you next month.