# February 2024 Advocacy Recap

March 7, 2024

**Alec Bose:**

Hello and welcome to the CAP Advocacy Recap. This month we'll look at historic benchmarks earned by the CAP's Pathologist Quality Registry, advocacy wins and strides in the private sector, changes to an FDA reclassification process and more. We start today with one of the CAP's most important advocacy events. The 2024 Pathologist Leadership Summit taking place next month is a vital opportunity for the CAP and its members to directly impact public policy in the nation's capital. We spoke with Dr. Matthew Foster to discuss the three key legislative asks of the college and why it's so important for members to get involved. So thank you, Dr. Foster, for joining us today. We really appreciate you being here with us today.

**Dr. Matthew Foster:**

Thanks. I'm really glad to be here and honored and thanks for asking.

**Alec Bose:**

Just to start us off, what is Hill Day at the Pathologists Leadership Summit and why is it important to CAP advocacy?

**Dr. Matthew Foster:**

Yeah, Hill Day is a really special event. There are a few times where we get a chance to walk the halls of Congress and be able to advocate for our profession. In this day and age, so much of our presence is electronic or virtual or on things like podcasts where you can be in different places and still have an effective message. I think the halls of Congress are an exception to that and particularly in the day and age where you have AI or different technologies that can help to advance your message and communicate, and we're all accustomed to emails and texts and all those alerts that come out, and we're all very busy in our day-to-day work. Taking the time out of our busy day and our work life to come to Congress and walk the halls of Congress meet with our legislative or members of Congress is a really special occasion and it's something that technology can't replace.

You can't replace the ability for a pathologist to meet face-to-face with those policy makers and those decision makers that affect our specialty. And so Hill Day is our chance to do that. It's our chance to go travel to Washington DC with colleagues from around the country to be able to network, share stories, understand commonalities of issues that we all face no matter whether we're in California, Oregon, Maine, or Virginia, and talk about issues that affect all of us and to be able to go up to Capitol Hill, to the offices of Congress and meet with our congressman or congresswoman or their staff and talk about issues that are important to us. The fact that we take time as physicians out of our busy lives to come to the Capitol Hill is a big deal. It's a big deal for us, but it's equally or even more a big deal for those legislative aides and those members of Congress that want to hear from us. We are their constituents, and so Hill Day is our opportunity to do that. It is a unique day for pathologists and it's part of the Pathology Leadership Summit, so the Pathology Leadership Summit where we learn about different issues, we learn about health policy and then we learn how to be effective advocates and one arm of advocacy is Hill Day. It's going up on the hill and talking about and educating about our profession and talking about issues that matter to us.

**Alec Bose:**

Thank you, Dr. Foster, and usually for Hill Day, there are three specific congressional asks this year. Those asks include the SALSA Act, mitigating Medicare cuts, and Conrad 30. Can you talk about the first one, mitigating Medicare cuts, and why that's so important?

**Dr. Matthew Foster:**

Sure, I'd be happy to, and I think it really depends on year to year what the issues are and sometimes you have one big issue. The challenge is of course there are even more than three issues that face the pathology laboratory community and all of medicine. The challenge is trying to prioritize those issues without confusing folks. If you have come to the table with 10 issues that are all important, then quite frankly none of them are important. And so trying to figure out what the one, two, or even three issues that we want to talk about is always a challenge. Why we have these three is because they affect so many people in so many different ways and are vitally important to the future of our profession. The first and Medicare cuts and inflationary update to pathology services. This may seem like we're a little bit of a broken record and that we're always kind of feeling like we go up to the Hill with our hand out. To some, and myself included, that can feel a little bit distasteful. There are things that are more important in terms of patient care related or quality issues or the science of medicine that we prioritize as being important. I think unfortunately, and this is not an original quote, I think it's attributed to Jim Collins, but talking about finances is a little like oxygen in the sense that it's not why we live, but it's necessary for life. And so with the economics of health care is such that if we are not talking about this, knowing that Congress is loath to spend money, if we're not talking about the importance of what this is impacting to our patients, to all of the people in the United States, and quite frankly with the College of American Pathologists internationally as well, we are providing a global impact and so without the ability to continue to provide those services, we risk losing access to high quality care.

And so we have to be part of the conversation when it comes to how pathologists get paid for their expertise for the time and the training that they've put into their profession. The current state is, I don't need to tell folks listening to this podcast, but the cost of doing business is higher, inflation is going up, labor costs are higher, supply costs are higher, and yet the economics of health care and way physicians and pathologists get reimbursed is going down. And so in the last five years alone, even with efforts of CAP pathologists, payments to pathologists have gone down about 6%. Without the efforts of CAP that would be much higher. At the same time, the costs of doing business labor supplies and elsewhere have gone up over 14% in the last five years alone. So that delta is close to 20% where it's costing us much more to do the same amount of work and we're getting paid less.

If we're not talking about that inflationary update and talking about having, making sure that we are ensuring that we're getting paid for the work we do, then we are not going to be able to provide the high-quality laboratory services that this country, quite frankly is taking it for granted. And it's a really important conversation to have and it's part of that is continually educating legislators about the importance of laboratory medicine and the importance of pathology. Then many people may not necessarily be familiar with. And so it's an important part of our ask because if we don't do it, then who else is going to do it for us? We are the experts. We are the ones where we know how the cuts to pathology are going to affect patient care, and I would add that even the Medicare trustees have recognized that there really needs to be a physician payment update.

They have said that, and I'm going to quote here, but in the absence of a change in the delivery system or level or update by subsequent legislation, the trustees expect access to Medicare participating physicians to become a significant issue in the long-term. What they're saying is that if we don't fix this, we're going to have an access problem. We already have an access problem. It's going to be compounded when patients and people in communities we live in don't have access to quality laboratory medicine and quality pathology services. It's essential that we're part of this conversation.

**Alec Bose:**

Thank you, Dr. Foster. Medicare Cuts and mitigating them is an important issue and I'm glad you touched on it. Another important issue to pathologists is the passing of the SALSA Act. Can you talk about what that is and why it's important to pathologists?

**Dr. Matthew Foster:**

Yeah. Again, it's sort of a little bit like Groundhog Day in the sense is that we talk about PAM or the Protecting Access to Medicare Act, which was passed in 2014. As part of that, they reformed the clinical laboratory fee schedule with the idea of saying, we want to go to a single national fee schedule, which kind of makes sense and let's use data to say let's aggregate all different types of labs and different, the way they provide services and whether it be private or whether it be nonprofit, whether it be academic, whether it be independent, and let's see how much it really costs. Unfortunately, the data collection method that was used is really flawed and left out many, many office lab, physician office labs and independent labs and has a skewed data set. And so what we're arguing for is that we need to fix that the way the data's collected in order to get a more accurate sample.

Congress has recognized that and they keep passing temporary patches, which helps to mitigate some of that cut, but that's not a sustainable solution. SALSA, or Saving Access to Laboratory Services Act is a sustainable solution. And just to put this into perspective, I think the undersampling in the current methodology has led to 4 billion, billion with a B, cuts to laboratories providing commonly ordered test services. And just for context, in the overall clinical laboratory fee schedule in 2020 was only 8 billion, so 50%, 4 billion of those cuts. That's a significant hit to laboratory's bottom line. And as you recall in the last part of the conversation, and we were talking about inflationary updates where it's gone up by 14% and now here's another way that they're ratcheting down, what laboratories are getting reimbursed for it in this case based on really a flawed data collection methodology, what we're asking them for is to say, look, we want to be treated fairly, collect the data fairly. SALSA allows us to do that in a way that is a much more reasonable and more accurate. We believe a reflection of the cost of providing laboratory services. It's a bipartisan, there's a bill in place, and that's part of the reason why we felt like this was important on the Hill Day because it continued the conversation, but knowing that this is something that we can fix. There's a willingness to fix it, and we just need to help push that perial ball across the goal line.

**Alec Bose:**

Thanks, Dr. Foster, and the final, but definitely not the least important Hill Day ask involves Conrad 30. Can you talk about what that is and why that is important to pathologists as well?

**Dr. Matthew Foster:**

Yeah, thanks Alec, and I'm glad you said definitely not the least because I think for a lot of people, myself included, this is maybe one of the highest priority items to raise. When you think about it, it really seems it's a disservice to all of us, to the physicians involved, to the communities that need good pathology care, but also just it's common sense. So Conrad 30 is an avenue. We're thinking about broader immigration reform, and I know that with immigration, particularly with recent headlines this week of the polarized approach to immigration and broader immigration reform. But I think let's narrow that down a little bit and look at physicians and resident physicians and physicians that are incredibly qualified, well-trained that have made the decision to come to the United States for residency training and they may be a graduate of an international medical school, have come here on a visa for further residency training.

The current rules require in many cases and in most cases, that once that international medical graduate on a visa completes their residency training. They're required to go back to their country of origin for two years. And while the intent, I think, and I don't know understand the entire intent, but my thought on the intent was we want to help propagate the medical education in United States to other areas of the world that may not have the same, may not enjoy the same luxuries and access to medical education, but still deserve good care. I think the downside is that you have people that are coming from areas of the world that they are choosing to move here and move families here that are then required to go back, and I'll give an example of that. So one, I'm the Chair of the Federal and State Affairs Committee for the College of American Pathologists, and one of the members of our committee is from Ukraine, and he's affected by this and working through this in a way that allows them to be able to stay here is important for those who want those who choose, and that's a different story.

I think why this is common sense is because American taxpayers are investing in the resident education through graduate funding of graduate medical education. We are investing in their education, and yet then after we've trained these highly qualified physicians to work in this country, we're requiring them, they don't have a choice, we're requiring them to leave this country even if they want to stay. Conrad 30, among other proposals, is a way to help ensure that those who want to stay can. It's not perfect. It's not a perfect solution, but it is one that has a very high probability of being passed. It's something that has been reinstated or had been passed in prior congresses, and we anticipate it to be continued in this Congress. We need to continue that ask. So by advocating for Conrad 30, we want to ensure that pathology residents who choose to stay can. And so we want our legislators to co-sponsor Conrad 30 and Physician Access Reauthorization Act as a way to help in assure access to pathology services in medically underserved areas, medically underserved populations or where people choose to practice.

There is a shortage of pathologists that there will continue to be a shortage as pathologists, and part of this is kind of self-inflicted, and by passing Conrad 30, reauthorizing Conrad 30, we have the ability to help mitigate what I personally feel is a travesty, and I think a lot of other people would share that. Is it the best way to ensure broad immigration reform? No, I think that's not the point of this. It's the point to call attention to an issue that is affecting more and more physicians and start talking about that in a way that we haven't before. And so I'm really proud of the fact that Conrad 30 is part of the Hill Day ask, and I think in many ways could be looked upon as more important perhaps than other issues that we're talking about.

**Alec Bose:**

Thank you, and thank you for explaining all of these Hill Day ask and important issues. Before I let you go, can you talk about how CAP members can learn more about these issues and how they can get involved in the future, especially after the Pathologists Leadership Summit is over?

**Dr. Matthew Foster:**

Yeah. I think it's something that it may or may not come naturally to you or may think, you know what? I'm really glad that other people are doing that because it's important, but I don't know. I don't have the time to get involved. I don't have the time to travel to dc. I don't have the time to do whatever it happens to be. There are many ways to get involved if you're interested. One way is to educate yourself CAP website and on. If you go to the Advocacy tab has a lot of information there just about official policies or background information, so that's one way responding to the action alerts, so the CAP staff targets different credential congressional districts, so we'll do broad alerts that say, please send an email to your member of Congress. That's an easy way to take action. You may think that's not going to make any difference, but it does, and the evidence that we have that makes a difference is just looking at how we've mitigated some of those Medicare cuts over the last five years, and the fact that we're talking about Conrad 30 and the fact that there's traction on SALSA are because members have taken action, and the more people that take action, more people talk about it, the more vocal they become, it becomes more of an issue that's going to rise to the top of the other priorities that members of Congress have.

That's an easy way to take action. I think talking to your colleagues, talking to your partners, talking to members of your department and talking and educating yourself on these issues and saying, Hey, this is important. This is what we're doing. I think fundamentally though, if we're not going to talk about our profession, then who it's, if we can't educate others about the importance of laboratory medicine and pathology, who's going to do it for us? And so I think in my opinion, it's really part of our profession is to be part of the advocacy and not just kind of say, well, I'm glad someone else is doing that. I don't have time to do that. I think if everybody can do it in whatever way is they feel comfortable with, then our small profession can have a really loud voice, and that's what I would encourage everybody to do in whatever fashion it's responding to an email alert, whether it's maybe getting involved, educating yourself on advocacy, going to your state pathology societies, getting involved in your state pathology societies.

Maybe it's writing a letter to a member of Congress, maybe it's participating in Hill Day or talking to your colleagues and supporting them and supporting their efforts so that it becomes, even if you're saying, you know what? I'll cover you for the couple of days that you're off, that you can go to advocate in the state capitol on behalf of us or DC on behalf of us. I'm willing to do that. That's part of advocacy, and I think that it's really important that if you're interested to get involved, and again, there are multiple ways to do that, and the CAP staff is really willing and able to also help with that, and their contact information is also on the CAP website.

**Alec Bose:**

I think that's a great place to leave it all. Thank you, Dr. Foster, again for joining us. Really appreciate your time.

**Dr. Matthew Foster:**

Oh, you're welcome.

**Alec Bose:**

Be sure to register for the Pathologist Leadership Summit in Washington DC on April 13th through the 16th. The summit is in person only. We turn now to the College's Pathologist Quality Registry. The CMS notified the CAP that they had reached historical benchmarks for two more of their registry specific qualified clinical data registry measures. This brings the total benchmark QCDR measures to four. These benchmarks are critical for pathologists looking to maximize their scores while minimizing burden. The Pathologist Quality Registry is the only registry with Benchmark QCDR measures for pathology and remains the highest scoring option for pathology practices. You can find more information about the CMS benchmarks on their website and more about the Registry's 2024 measures on our website. In good advocacy news from the private insurance sector, Wellmark Blue Cross Blue Shield is resending provisions to their IHC policy that limited coverage with blanket reimbursement denials of IAC services when the claim includes certain codes.

Wellmark notified the CAP rescind medical necessity reviews of the service and reverse prior adverse determinations processed under the policy. The CAP expressed serious concern about the recent policy in a letter that lists the 10 codes. These policies have the potential to inappropriately limit physician and other healthcare provider decision making in the provision of patient care. The letter states as such, policy improperly impinge on the practice of medicine by encumbering medically necessary laboratory and pathology services. The policy has particularly impacted pathologists and laboratories practicing in Iowa and South Dakota, and the CAP worked with Iowa State Pathology Society to address the issue. You can learn more about this story and more about this kind of advocacy on our website. And we end the day with an important announcement on the FDA's reclassification process. The FDA Center for Devices and Radiological Health announced its started the reclassification process for most IVDs that are currently class III high risk into Class II moderate risk. This would allow manufacturers of certain types of tests to seek marketing clearance through less burdensome pre-market notification. Rather than the more stringent process of pre-market approval, the center would still be conducting pre-market review of reclassified tests under this pathway. Such reclassifications may support the potential for more manufacturers to develop these tests, which can increase competition and increase access to these important tests, according to the FDA. You can learn more about this story on the FDA and the CAP's 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 newsletter and follow us on X at CAPDCadvocacy for CAP advocacy communications. I'm Alec Bose, and we'll see you next month.