

**Comments by the Clinical Laboratory Coalition
regarding**

**Expanding Health Care Coverage:
Proposals to Provide Affordable Coverage to All Americans**

**Senate Finance Committee
May 14, 2009**

The Clinical Laboratory Coalition (CLC) is committed to ensuring access to high quality laboratory testing for all Americans. We join together in calling upon the nation's policymakers to ensure that any effort to reform the nation's health care system adequately addresses and incorporates the important role that laboratory medicine, and the professionals performing laboratory tests, play in the diagnosis, prognosis, and management of disease.

The Coalition believes that the increasing attention to – and emphasis on – the need to contemporaneously improve quality while reducing unnecessary costs, are critical to addressing the myriad challenges facing the nation's health care system. Laboratory tests are extremely valuable tools for improving patient outcomes while reducing overall costs and serve as an essential basis for subsequent critical medical decision-making. As such, laboratory testing can play an essential role in supporting related health care reform goals of increasing investment in prevention and wellness and improving patient safety and outcomes.

We appreciate the opportunity to provide specific comments to the Senate Finance Committee document *Expanding Health Care Coverage: Proposals to Provide Affordable Coverage to All Americans*. The nation's clinical laboratories and laboratory professionals wish to work collaboratively with others to meet the challenges and achieve the goals of national health reform efforts. To that end, as individual organizations and as the Clinical Laboratory Coalition, we stand ready to work with all policymakers to help shape and improve the future of health care in our nation.

SECTION II: Making Coverage Affordable

Proposed Options (Page 9)

All health insurance plans in the non-group and small group market would be required, at a minimum, to provide a broad range of medical benefits, including but not limited to, preventive and primary care, emergency services, hospitalization, physician services, outpatient services, day surgery and related anesthesia, **clinical laboratory diagnostic testing and screening**, diagnostic imaging and screenings, including x-rays, maternity and newborn care, medical/surgical care, prescription drugs, radiation and chemotherapy, and mental health and substance abuse services, which at least meet minimum standards set by federal and state laws. In addition, plans could not include lifetime limits on coverage or annual limits on any benefits and cannot charge cost-sharing (e.g., deductibles, copayments) for preventive care services. **Another option would be to allow plans to charge nominal cost sharing for prevention services.**

SECTION VI: Options to Improve Access to Preventive Services and Encourage Healthy Lifestyles

Promotion of Prevention and Wellness in Medicare

Personalized Prevention Plan and Routine Wellness Visit

Proposed Option (Page 44)

Within six months of completing the comprehensive health risk assessment (HRA), the option would authorize Medicare payment for a visit to a qualified health professional to create a personalized prevention plan. The plan would include the following elements: review and update medical and family history; measure the patient's blood pressure, body mass index and any other measurements identified above not included the HRA; conduct appropriate clinical laboratory testing, provide a schedule and referral for recommended, appropriate, covered preventive services and immunizations; provide a strategy to address identified conditions and risk factors; identify all medications currently prescribed and all providers regularly involved in the patient's care; and offer health advice and referral to Medicare-covered health education and preventive counseling or referral to community based interventions to address modifiable risk factors such as weight, physical activity, smoking, and nutrition. Optional elements, if appropriate, include referrals for additional diagnostic testing, or referrals to review treatment options for beneficiaries with chronic conditions; end of life care planning, and administration of appropriate Medicare covered immunizations and screening tests. No co-payment or deductible applies.

Incentives to Utilize Preventive Services and Engage in Healthy Behaviors

Proposed Option (Page 45)

This option would remove or limit beneficiary cost-sharing (co-payment, deductible or both) for preventive services covered under Medicare and rated "A" or "B" by the U.S. Preventive Services Task Force (USPSTF) or recommended by the Advisory Committee on Immunization Practices, National Institutes of Health, Centers for Disease Control and Prevention, Institute of Medicine, specialty medical associations, patient groups, scientific societies, or the Clinical Laboratories Improvement Act Committee (CLIAC) or included in a consensus standard or measure endorsed by a voluntary consensus standards body, such as the National Quality Forum, that meets the requirements of the National Technology Transfer and Advancement Act (NTTAA) and OMB Circular No. A-119. The option would also encourage the Secretary to establish a mechanism to provide refunds or other incentives to Medicare beneficiaries who successfully complete certain behavior modification programs, such as smoking cessation or weight loss. Such programs must be comprehensive, evidence-based as determined by the Secretary, widely available and easily accessible. Finally, the option would explore ways to improve provider education and patient awareness of covered preventive services.

COMMENT RATIONALE: Senator Baucus published **Call To Action: Health Reform 2009** in November 2008. Under the section *Coverage for Prevention in Federal Health Programs and Private Plan Options*, the document referenced the need for participating plans to include preventive services "based on recommendations by appropriate entities

such as the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices, National Institutes of Health, Centers for Disease Control and Prevention, and Institute of Medicine.”

The CLC finds reliance solely on the USPSTF to determine the inclusion of preventive services of concern for patients and providers. We concur with the November 2008 recommendation in Senator Baucus’ *Call to Action* to include several key government entities in addition to the USPSTF for determining preventive services and would urge inclusion of non-governmental organizations with expertise in evidence-based best practices who can also be a resource in determining appropriate preventive services.

NOTE: In determining coverage of preventive services in the minimum benefit package for all plans throughout the U.S. health care system, including the Medicare program, the CLC urges Congress to adopt the inclusion of recommended services from the above noted entities in addition to the USPSTF.

American Association of Bioanalysts
American Association for Clinical Chemistry
American Clinical Laboratory Association
American Medical Technologists
American Society for Clinical Laboratory Science
American Society for Microbiology
Becton, Dickinson and Company
Clinical Laboratory Management Association
Laboratory Corporation of America Holdings
National Independent Laboratory Association
Quest Diagnostics Incorporated
Roche Diagnostics Corporation
Sonic Health Care USA