There is a growing body of empirical evidence related to the multiple benefits of near patient laboratory testing.

In 2014, Congress enacted the Protecting Access to Medicare Act (PAMA), which required the Centers for Medicare and Medicaid Services (CMS) to implement a new payment methodology for determining the Clinical Laboratory Fee Schedule.

Several issues with the data received by CMS have stakeholders concerned that this will mean unfair cuts in new lab rates starting January 1, 2018. These cuts will be devastating to some of the most commonly performed tests which means:

- Delays in early treatment and diagnosis
- Lack of access for Medicare Patients
- Physicians to stop testing in their practice

“It would be difficult to treat cancer patients without near patient laboratory information.”

Michigan Physician
Cuts in Medicare for laboratory services will have impact beyond laboratory testing and force Michigan providers to make changes to their practice that may not be what’s best for the community.

We would need to limit the patient non-laboratory services we provide. 22%

We would need to layoff laboratory staff. 61%

We would need to make changes in our total staffing model. 72%

Patients can receive optimal healthcare and better outcomes when physicians combine their knowledge with real-time laboratory information during diagnosis and treatment.