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
Did you know 4 out of 5 doctors in New Jersey believe that PAMA cuts will have a substantial negative impact on their patients.

Cuts in Medicare for laboratory services will have impact beyond laboratory testing and force New Jersey 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.

We would need to layoff laboratory staff.

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

Physicians Report a Majority of Their Private Payer Contract Reimbursement Rates are Tied to a Percentage of Medicare Rates

Regarding your provider contract with private payers, what percentage of your contracts tie reimbursement rates for laboratory services to a percentage of Medicare rates?

- Less than 25%
- 25 - 50%
- More than 50%