



American Hospital
Association

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August 12, 2011

Donald M. Berwick, M.D., M.P.P.
Administrator
Centers for Medicare & Medicaid Services
Attention: CMS-1436-P
P.O. Box 8013
Baltimore, MD 21244-8013

RE: CMS-1436-P, Medicare Program; Clinical Laboratory Fee Schedule: Signature on Requisition; (Vol. 76, No. 126), June 30, 2011.

Dear Dr. Berwick:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 42,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) proposed rule regarding the Clinical Laboratory Fee Schedule's signature on requisition policy.

The AHA strongly supports CMS's proposal to *retract* the policy adopted in the calendar year 2011 Physician Fee Schedule final rule that requires the signature of a physician or qualified non-physician practitioner (NPP) on a requisition for clinical diagnostic laboratory tests paid under the Clinical Laboratory Fee Schedule. While the final rule policy was never fully enforced, due to an extended enforcement delay granted by CMS, we commend the agency for acknowledging that the policy would have increased the administrative burden on physicians and NPPs without producing additional benefit, resulted in delayed laboratory testing for Medicare beneficiaries with an adverse impact on beneficiary health and safety, and unnecessarily increased costs for hospitals, long-term care facilities, physician practices and clinical laboratories.

Thank you again for the opportunity to comment. If you have any questions, please contact me or Roslyne Schulman, director for policy development, at (202) 626-2273 or rschulman@aha.org.

Sincerely,

/s/

Rick Pollack
Executive Vice President

