March 20, 2023

The Honorable Bernard Sanders
Chair, Senate Committee on Health, Education, Labor, and Pensions
332 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy
Ranking Member, Senate Committee on Health, Education, Labor, and Pensions
455 Dirksen Senate Office Building
Washington, DC 20510

Re: Request for information on health care workforce shortages

Submitted electronically at HealthWorkforceComments@help.senate.gov

Dear Chairman Sanders and Ranking Member Cassidy,

Thank you for the opportunity to provide input to the Committee as it explores the ongoing challenges of health care workforce shortage and possible solutions to ensure that the United States has an adequate workforce to meet our health care system’s needs. The Association for Molecular Pathology (AMP) is an international medical and professional association representing approximately 2,900 physicians, doctoral scientists, and medical laboratory scientists (technologists) who perform or are involved with laboratory testing based on knowledge derived from molecular biology, genetics, and genomics. Membership includes professionals from the government, academic medicine, private and hospital-based clinical laboratories, and the in vitro diagnostics industry.

AMP’s members were at the front lines during the response to the COVID-19 pandemic providing clinical testing to patients throughout the country in all types of health care settings. Prior to the emergency, clinical laboratories already faced challenges with maintaining adequate workforce and staffing. Higher than the average growth rate of any other health profession, the need for laboratory professionals is expected to grow by 11% between 2020 and 2030.¹ This was greatly exacerbated during the pandemic when laboratories faced dramatic surges in test orders that were further compounded by personnel on sick leave due to their exposure to the virus, which required personnel to take on additional shifts and at times, work around the clock. A great deal of laboratory work cannot be performed remotely and as such, our members and other laboratorians throughout the United States dutifully fulfilled their obligations in these high risk settings.

We are pleased that under your leadership, the Committee intends to address this significant policy issue and we are grateful for the opportunity to provide these solutions for your consideration.

Expand Training Programs for Laboratory Professionals and Increase Public Awareness

One of the challenges to maintaining an adequate laboratory workforce is that there are fewer graduates than vacancies for medical laboratory professionals. The number of medical laboratory scientist training programs declined by 57.2%, from 638 to 273, in the 16-year period between 1983 to 1999. In 2021, it declined even further to 240 training programs accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Over the next 5 years, the field anticipates a 14.5% rate of retirement resulting in an even higher number of vacancies. Taking into account that the number of qualified applicants will remain woefully low, we anticipate the shortage of these critical professionals will continue to worsen.

For this reason, we encourage you to invest resources in expanding training programs for medical laboratory scientists via grants that enable academic institutions to expand existing training programs and create novel ones. To encourage increased enrollment, we recommend funding a public awareness campaign to generate interest in these professions as well as a loan repayment program to help students complete the needed training. The American Society of Clinical Pathology and the Center for Health Workforce Studies at the University of Washington found that a lack of awareness about clinical laboratory careers constrains the pipeline of potential new entrants. AMP believes a public awareness campaign will significantly raise the visibility of these professionals, especially in light of the public’s newfound understanding of the importance of molecular testing from the COVID-19 pandemic.

Enable Qualified Doctoral Scientists to Bill Medicare for Interpretive Services

While this recommendation may fall more so within the jurisdiction of the Senate Finance Committee, we encourage you to engage with your colleagues to consider solutions that span both Committees’ work. A strong incentive for pursuing a career in laboratory medicine would be to ensure that all doctoral level professionals are able to bill payers for their services, allowing their institutions to receive adequate reimbursement for medical testing and appropriately compensate medical laboratory scientists. AMP believes that medical professionals should be able to practice at the top of their licenses in order to increase access to care. This currently is not the case in laboratory medicine, which creates obstacles to efficient and improved patient care.

When a treating physician orders a molecular or genetic test on a patient, the sample is sent to a clinical pathology or molecular pathology laboratory for testing. Molecular pathology procedures (e.g., multigene panel testing to assess a patient’s tumor) involve multiple steps including preparation of the patient sample, performing the molecular diagnostic test, interpreting the results in the context of the patient, and preparing a comprehensive report of the results for the treating physician and patient. The evaluation and interpretation of test results require specialized professional training, certification and expertise, and the medical professionals performing these services have a doctoral degree, either medical (MD/DO) or scientific (PhD). However, under current law and CMS billing

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2 Ibid.
3 Ibid.
while molecular pathology services, including genomic sequencing procedures, are housed on the Clinical Laboratory Fee Schedule (CLFS), billing codes that represent interpretation and reporting services reside on the Physician Fee Schedule (PFS). Since qualified PhD doctoral scientists that perform and interpret molecular pathology procedures are not currently considered Qualified Healthcare Professionals according to the Social Security Act, these individuals are not allowed to bill directly for these services on the PFS. Thus, while the laboratory is reimbursed for the procedure under the CLFS, reimbursement for the interpretation and development of the test report is limited to physicians (MD/DO) billing the PFS. AMP believes that appropriately trained and board-certified non-physician doctoral scientists who have the required qualifications to interpret and report molecular pathology tests should also be eligible to bill Medicare directly for these services.

As molecular pathology procedures become increasingly more complex, and the value and the need for these tests continue to increase as the promise of precision medicine is realized, it is even more critical for these services to be interpreted by trained molecular laboratory professionals, who may include both physicians and qualified PhDs. Allowing both qualified doctoral scientists and physicians to bill directly for interpretive services will expand access to care throughout the United States with the added benefit of helping to recruit and retain these health professionals.

Thank you again for the opportunity to submit these recommendations to address the workforce shortages encountered within clinical laboratories. If we may be of further assistance, please contact Monika Franco, Policy Analyst, Public Policy & Advocacy at mfranco@amp.org.

Sincerely,

Laura J. Tafe, MD
President, Association for Molecular Pathology