Whereas, Federal Medicaid rules limits a laboratory standing order’s validity to six months which necessitates practitioners to reorder laboratory studies every six months for regular and routine laboratory studies that often are required for a patient’s lifetime (such as standard of care monitoring of HemoglobinA1Cs every three to six months for diabetics); and

Whereas, There is no documented benefit to limiting laboratory orders to six months and expiration of standing lab orders has led to patient and physician dissatisfaction; and

Whereas, “Busywork” that is not perceived as meaningful contributes to burnout which is a harm negatively impacting the American medical work force and has deleterious implications on patient care quality, outcomes and patient satisfaction; and

Whereas, Reordering laboratory studies only for the sake of a regulation leads to unnecessary and not meaningful work, the kind of activity that contributes to burnout among practitioners and increases the cost of healthcare because of the time and labor required for each practice to reorder routine laboratory studies; therefore be it

RESOLVED, That our American Medical Association advocate the Centers for Medicare and Medicaid Services to allow standing laboratory orders to be active for fifteen (15) months.

(Directive to Take Action)

Fiscal Note: Not yet determined

Received: 10/11/21

AUTHORS STATEMENT OF PRIORITY

The current CMS regulation requiring lab orders to be renewed every six months with the concomitant review of results and reissue of prescriptions is unnecessary for patients who have been on maintenance medications for months and years. Many state regulations permit prescriptions to be valid for 12 months or more, therefore lab orders should be commensurate with that regulation. There is no benefit to the requirement of having patients be tested every 6 months especially in the case of patients who have been on longstanding maintenance medications and who have fared well. This would save patient, insurance and physician expense in addition to saving staff time and unnecessary paperwork and processing time. This change would also reduce administrative paperwork which contributes to physician burnout and stress.