



March 20, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, and Minority Leader Schumer:

We are the National Independent Laboratory Association (NILA) and the American Association of Bioanalysts (AAB). Our members work in regional and community independent clinical laboratories across the United States performing clinical laboratory testing for physicians, hospitals, skilled nursing facilities, and other health care professionals. A number of our member clinical laboratories who are providing, or trying to provide, testing for COVID-19 are experiencing challenges getting their laboratories set up to test.

The nation has struggled to provide adequate laboratory surge capacity to test for COVID-19. Throughout this process, regional and community independent laboratories have been poised to help and are uniquely positioned in specific geographic locations and communities. This often allows our laboratories to run tests in the same state or region where specimens are collected, reducing turnaround time for test results. We all know that timely and accurate diagnostic tests are critical to flattening the curve on this pandemic.

AAB and NILA members are facing significant challenges providing the testing needed to meet the health care demands for COVID-19 in their communities. Many are not large companies and do not have the resources needed to purchase or upgrade testing equipment without the assurance of adequate reimbursement or support from the federal government. Many of our members are waiting until additional diagnostic manufacturers develop new tests and receive approval from the Food and Drug Administration (FDA) before having the ability to ramp up their testing capacity. However, amidst an unprecedented global pandemic, waiting is not an option.

While *The Family First Coronavirus Response Act* provides important patient protection from out-of-pocket costs, actual payment to laboratories for COVID-19 has not yet been set across all public and private payers, and the current Medicare payment rates are inadequate to cover costs. If we want to ensure patients have access to these tests, actual payment to laboratories across both public and private payers must be sufficient to cover the cost of the test. Our laboratories should not have to bear (nor are they able to) the cost of “free testing” that has been promised to the American people. Clinical laboratories need additional support from Congress to ensure that they have the necessary staffing, supplies, and equipment to fulfill that vital promise.

The Trump Administration and Congress have said repeatedly that testing is one of the highest national priorities. We urge policymakers to ensure that the industry has the equipment, supplies, labor and resources it needs to sustain robust testing capacity for millions of Americans. As Congress considers measures to support the public health response to COVID-19, NILA requests that a fund be established for emergency laboratory surge capacity that includes funding for clinical laboratories who are performing, or working to perform, COVID-19 testing.

The Emergency Laboratory Surge Capacity Fund should be funded at \$5 billion dollars and be administered by the Department of Treasury. Funds should be made available immediately for laboratories performing, or working to perform, COVID-19 testing for:

1. Costs related to uncompensated COVID-19 testing services, for uninsured individuals, underinsured individuals, and where insurance information is not properly collected;
2. Support for laboratory personnel, including: child and dependent care, paid sick leave, COVID-19 diagnostic training, temporary staff and overtime pay;
3. Capital and supplies acquisition, and if necessary, a government buy-back of excess equipment/supplies (post-emergency) including, but not limited to: testing platforms, reagents, components, and specimen collection swabs; personal protective equipment; laboratory equipment; cybersecurity; IT software and hardware (particularly for remote worksite expansion);
4. Support for research and development in laboratory testing related to COVID-19 to efficiently expand our nation’s capacity and ability to address this pandemic, including funding for development and validation of serological testing and alternative specimen collection; and,
5. Any other costs associated with testing for COVID-19.

NILA’s and AAB’s members are committed to providing high-quality, accurate, and timely testing to the patients and health care workers in their communities. We look forward to working with the Administration and Congress to ensure accessible testing during this global pandemic.

Sincerely yours,



Mark S. Birenbaum, Ph.D.
Executive Director