



NILA Applauds the Introduction of the Reforming and Enhancing Sustainable Updates to Laboratory Testing Services (RESULTS) Act

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The National Independent Laboratory Association (NILA) applauds the bipartisan sponsors of the Reforming and Enhancing Sustainable Updates to Laboratory Testing Services (RESULTS) Act for their leadership on developing a long-term solution to updating the Medicare Clinical Laboratory Fee Schedule (CLFS). This legislation permanently reforms the Protecting Access to Medicare Act (PAMA), which passed in 2014 and resulted in unprecedented and harmful cuts to laboratory services. The RESULTS Act will protect against drastic cuts to laboratory reimbursement and ensure sustainable access to laboratory testing for Medicare beneficiaries. The RESULTS Act was introduced by Senators Thom Tillis (R-NC) and Raphael Warnock (D-GA), and Representatives Richard Hudson (R-NC), Gus Bilirakis (R-FL), Brian Fitzpatrick (R-PA), Scott Peters (D-CA) and Raja Krishnamoorthi (D-IL).

"NILA applauds the bipartisan introduction of the RESULTS Act and urges Congress to quickly pass this vital legislation to strengthen our nation's clinical laboratory infrastructure," said NILA's Executive Director Mark S. Birenbaum, Ph.D. "Our members are facing up to 15 percent in cuts to many of the most common laboratory tests; without immediate reform to PAMA this year, regional and community clinical laboratories could be forced to close their doors, leaving patients without access to critical laboratory testing."

The original intent of PAMA was to tie CLFS reimbursement rates to private payor rates by having laboratories submit private payor rate data to the Centers for Medicare and Medicaid Services (CMS). However, initial data reporting did not accurately reflect the diversity of the clinical laboratory market and resulted in drastic cuts to some of the most commonly ordered laboratory tests with additional cuts of up to 15 percent set to take place January 1, 2026. PAMA cuts have weakened our nation's community and regional clinical laboratories by leaving them without the necessary resources to continue providing essential services to people across the country, including in rural and underserved communities. Further cuts would continue to harm this infrastructure and threaten the ability of clinical laboratories to be prepared for a future pandemic or public health emergency.

The RESULTS Act will use data from a non-profit, third-party database to set rates based on a volume weighted median. This format will be used for widely available tests, and the rates will be set every four years by CMS. Cuts to reimbursement will be capped at 5 percent per year and there will be no cap on increases. For non-widely available tests, laboratories will report commercial payor data that CMS will use to calculate the volume weighted median for each code every four years.

NILA looks forward to working alongside Congress to advance the RESULTS Act to permanently fix the flawed PAMA reporting process by the end of the year.

NILA members work in regional and community independent clinical laboratories across the United States performing laboratory testing for physicians, hospitals, skilled nursing facilities (SNFs), and other health care professionals. NILA members serve a wide variety of communities and patient populations—including rural areas, underserved urban neighborhoods, mid- and small-sized cities and municipalities, congregate facilities, and critical access hospitals.