American
Clinical Laboratory
Association

June 12, 2014

The Honorable Howard McKeon
Chairman
House Armed Services Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Adam Smith
Ranking Member
House Armed Services Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman McKeon and Ranking Member Smith:

On behalf of the membership of the American Clinical Laboratory Association (ACLA) and the TRICARE beneficiaries we serve, we are writing to express our strong support for Section 705 of S. 2014, the Carl Levin National Defense Authorization Act for FY 2015. We believe Section 705, *Authority for Provisional TRICARE Coverage for Emerging Health Care Products and Services*, provides the necessary clarity to allow TRICARE to restore coverage for molecular pathology testing services, and to ensure these and other laboratory developed tests (LDTs) remain available to TRICARE beneficiaries.

Laboratory developed tests play a critical role in the diagnosis and treatment of disease. These vital testing services range from routine tests such as pap smears, complete blood counts and tests related to diabetes and cholesterol, to tests to screen for diseases such as Cystic Fibrosis, and tests to determine how to best treat cancers such as leukemia and lung cancer.

Historically, the TRICARE program has covered LDTs for all TRICARE beneficiaries, regardless of whether care was obtained at a Military Treatment Facility or through the civilian provider network. However, in January 2013 the TRICARE policy on LDT coverage abruptly changed, and TRICARE ceased coverage for some LDTs for certain TRICARE beneficiaries. While most LDTs continue to be covered in all practice settings, approximately 100 molecular pathology tests are only covered for certain beneficiaries in certain cases. This two-tiered coverage remains in place even when the LDT is recognized as the standard of care and recommended by VA/DoD clinical practice guidelines.

Molecular diagnostic tests represent the ever-advancing forefront of diagnostic medicine, and ensure that patients receive appropriate treatment. Without such testing, TRICARE

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beneficiaries will receive care that is inferior to that available to the general public. Molecular diagnostics ensure disease is defined with enough precision that the right intervention can be available from the start of treatment, not after trial and error with multiple drug regimens, and not after the disease has gotten worse.

Section 705 provides much needed clarity to TRICARE coverage policy. The provision allows for the restoration of coverage for molecular pathology testing services for all TRICARE beneficiaries, while at the same time providing the Defense Health Agency the necessary authority to determine appropriate coverage policies for the TRICARE population. We offer our support for Section 705 and urge its inclusion in the National Defense Authorization Act enacted by Congress later this year.

Thank you for the opportunity to share our views. We look forward to continuing to work with you and the Defense Health Agency on policies that maintain TRICARE beneficiary access to laboratory diagnostic testing and services.

Sincerely,

Alan Mertz
President