



## OAAOM Labs Proposal -- FREQUENTLY ASKED QUESTIONS

*1) I am concerned we will be held liable for what we don't order. This is a legal liability I do not wish to take on.*

The labs privilege will not apply to all LAcS, but only to those who take a specific post-graduate training which has been authorized by the OMB. Those who do not take the training will not have the privilege and therefore will not have any additional liability.

*2) Will this affect our malpractice insurance rates?*

For LAcS who do not choose to obtain the labs privilege, it is highly unlikely that malpractice rates would change. For those with the privilege, disclaimers in the rule as expressed below would reduce liability and would therefore tend to reduce changes in malpractice rates. However, for those with the labs privilege some increase is possible.

In the administrative rules proposal to the OMB, it is the intention of the OAAOM's Labs Task Force to include one or more disclaimer, similar to these:

"Laboratory tests may be ordered by an acupuncturist for the purpose of informing therapies within scope of practice, but not for diagnosis of illness."

"For an acupuncturist who has obtained the privilege of ordering laboratory tests, issuing an order of any test for a particular patient is optional and not required."

*3) Will we be able to use billing codes to get insurance to pay for labs for patients?*

According to the non-discrimination provision of the Affordable Care Act, Section 2706(a), if an insurer pays for a service then it must pay for that service by any provider whose scope of practice includes it. The federal law mandates that patients would have insurance coverage for labs ordered by LAcS who are authorized to do so: "..... A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law."

The Oregon Insurance Division has published guidance regarding its enforcement of this non-discrimination provision: "subject to reasonable medical management techniques specified under the plan with respect to the frequency, method, treatment, and setting for an item or service, prohibits an issuer from denying reimbursement of a covered service solely because the service was provided by a specific provider type"