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# Spending Package Officially Delays PAMA Cuts

On February 3, 2026, the Consolidated Appropriations Act of 2026 (H.R. 7148) was signed into law. This provided short-term relief to clinical laboratories navigating ongoing reimbursement pressure and data reporting obligations under the Clinical Laboratory Fee Schedule (CLFS). While the Act delays impending payment reductions and modernizes reporting timelines, it does not eliminate the reporting requirements altogether. This is certainly a temporary reprieve and not the long-term solution many in our industry were hoping to see.

**Key Provisions Impacting Clinical Laboratories**
The Consolidated Appropriations Act includes several provisions of particular importance to clinical diagnostic laboratories:

1. **Delay of Fee Schedule Reductions**
   The Act postpones scheduled CLFS payment reductions until 2027 and extends protections through the end of 2029. As a result, Medicare payments for clinical diagnostic laboratory tests in 2026 will not be reduced by more than 15% annually until 2027. This delay provides short-term financial stability for laboratories that have been preparing for significant reimbursement cuts.
2. **Temporary Relief from Outdated Data Reporting**
   Previously, laboratories were required to report private payor data beginning February 1, 2026, based on reimbursement data collected in 2019. The Act revises this requirement, asking for laboratories to report data collected between January 1, 2025, and June 30, 2025.
3. **Extended Reporting Timeline**
   The legislation also shifts the CLFS data reporting period to May 1, 2026, through July 31, 2026, rather than the previously scheduled February-April window. Considering the change in data collection period requirements, this is a much needed shift in the due date.
4. **Increased CMS Flexibility**
   Finally, the Act authorizes the Centers for Medicare and Medicaid Services (CMS) to make future adjustments to the CLFS reporting program through sub-regulatory guidance, such as program instructions, rather than formal rule making. This change allows CMS to respond more quickly and adapt program requirements as implementation challenges arise.

**What This Means for Laboratories**
While the Act offers immediate relief from imminent reporting deadlines and temporarily halts deeper reimbursement cuts, it does not remove the underlying obligation for applicable laboratories to collect and report private payor data. Compliance expectations remain firmly in place.

As a result, continued industry advocacy is expected around broader legislative solutions, including the RESULTS Act. If enacted, the RESULTS Act would shift much of the data collection responsibility away from laboratories by requiring CMS to obtain pricing data from independent sources. In the near term, laboratories, including hospital-based labs, should anticipate CMS issuing additional guidance on reporting requirements within the next several months.

**How APS is Supporting Clients**
APS continues to closely monitor legislative and regulatory developments affecting laboratory reimbursement. We are actively working to collect the required claims data for review and timely submission to CMS. If you have additional questions, please contact your Practice Manager.

*Information provided by APS Medical Billing, February 2026*