Quest Diagnostics®

A national patient survey

Left out, left behind: Who's harmed by Medicare lab payment cuts?

How Americans rely on diagnostic testing—and what stands to be lost

National survey of 1,024 registered voters commissioned by Quest Diagnostics

September 2026

Executive summary

Diagnostic laboratory testing sits at the center of American healthcare. It quietly guides the decisions doctors and patients make every day to prevent disease and safeguard health. A new national survey confirms just how central that role has become—and how much patients stand to lose if Medicare's laboratory payment rates are allowed to fall out of step with the value of diagnostic lab testing in healthcare.

The findings are unambiguous. The overwhelming majority of registered voters (83%) have relied on a diagnostic lab test in the past 2 years to help a doctor make a medical decision, and nearly all (96%) consider these tests important to their own or their family's care. Patients are already experiencing friction in getting the testing their doctor ordered. But when patients learn how Medicare sets its laboratory payment rates today, their concern deepens sharply.

This report presents those findings through the lens that matters most: the patient. It documents how deeply Americans depend on diagnostic testing, where access is already breaking down, and why patients across the political spectrum want Congress to act now—not later—to fix how Medicare laboratory payment rates are set.

At a glance

96%
say diagnostic lab tests are important to their or their family's care

93%
would support a congressional candidate who protects access to diagnostic testing

88%
have concerns if Medicare lab payment rates are set too low

87%
say it's harder for patients living in rural areas to access diagnostic testing

Key findings

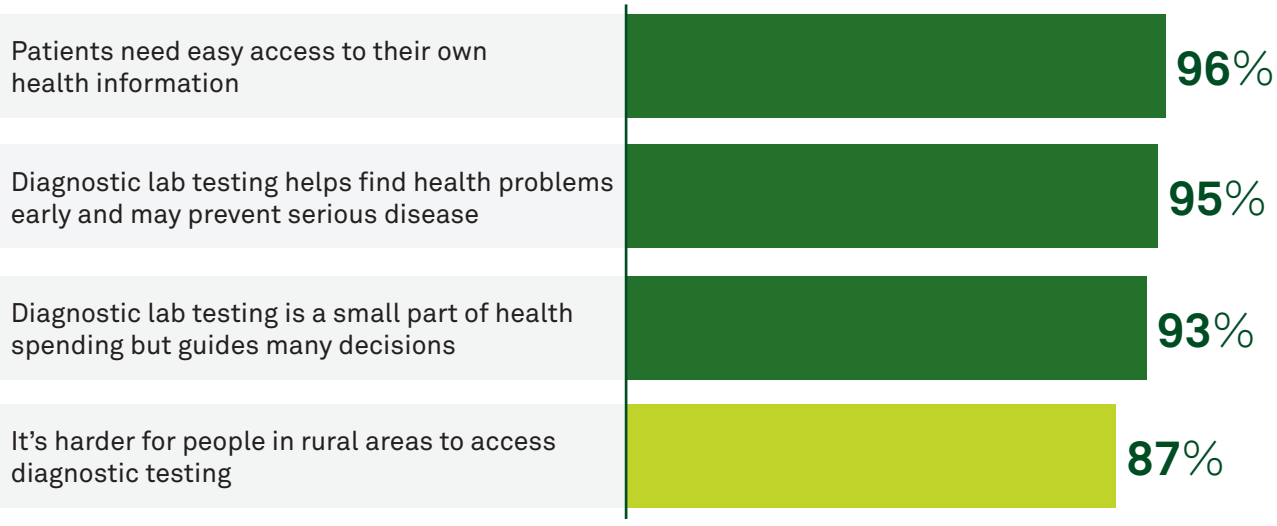
Diagnostic testing is not a peripheral part of American healthcare; it is foundational. Nearly all registered voters (96%) said diagnostic lab tests are important to their or their family's health. And more than 8 in 10 (83%) said they had relied on a laboratory test in the past 2 years to help a doctor make a decision about their care. Americans overwhelmingly agree that testing guides treatment decisions and enables earlier detection of disease, and they want easy access to the results. When asked about the importance of lab tests, cancer screening tests, and other diagnostic tests, voters say

Patients rely on diagnostic testing

"How important are lab tests, cancer screening tests, and other diagnostic tests to your own healthcare and/or the healthcare of your family?" / "In the past 2 years, have you and/or a family member relied on a diagnostic test to help a doctor make a medical decision?"

When asked if they agree/disagree with statements about diagnostic testing care, voters say

Testing guides care—but access isn't equal



"How strongly do you agree or disagree with the following statements?" (% strongly/somewhat agree)

These aren't abstract endorsements of a healthcare category. They reflect a lived reality—for the vast majority of patients, a lab result has directly shaped how their doctor cared for them.

Medicare payment rates: Rising alarm once patients understand the process

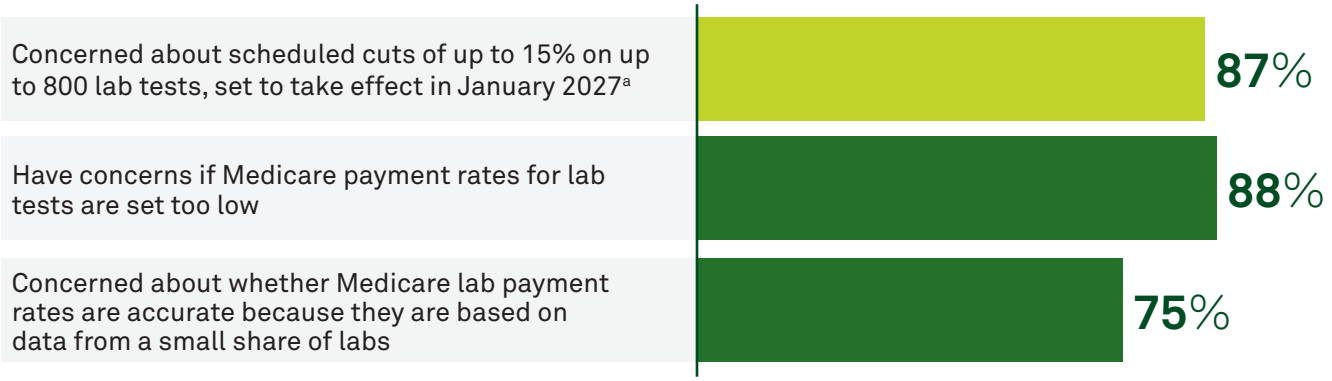
Medicare's laboratory payment rates are set under a 2014 law called PAMA—and how that law works is central to understanding why patients are concerned.

What is PAMA?

- The Protecting Access to Medicare Act (PAMA), passed in 2014, was meant to align Medicare's laboratory payment rates with what private insurers actually pay by having labs report their private payer rates to CMS
- The first data collection captured information from less than 1% of the nation's labs, leaving out virtually all hospital labs and undercounting physician office labs. This produced payment rates that experts say are far too low and not representative of overall lab payment rates[b]
- Without a fix, scheduled cuts of up to 15% are set to take effect January 1, 2027

Concern rose sharply once survey respondents learned how Medicare's laboratory payment rates are set—ie, using cost data collected from less than 1% of the nation's labs. Three quarters (75%) said they were concerned that current Medicare payment rates may not accurately reflect the true cost of testing, and 88% said they would have concerns if rates are set too low.[b]

Deep concern over Medicare payment rates



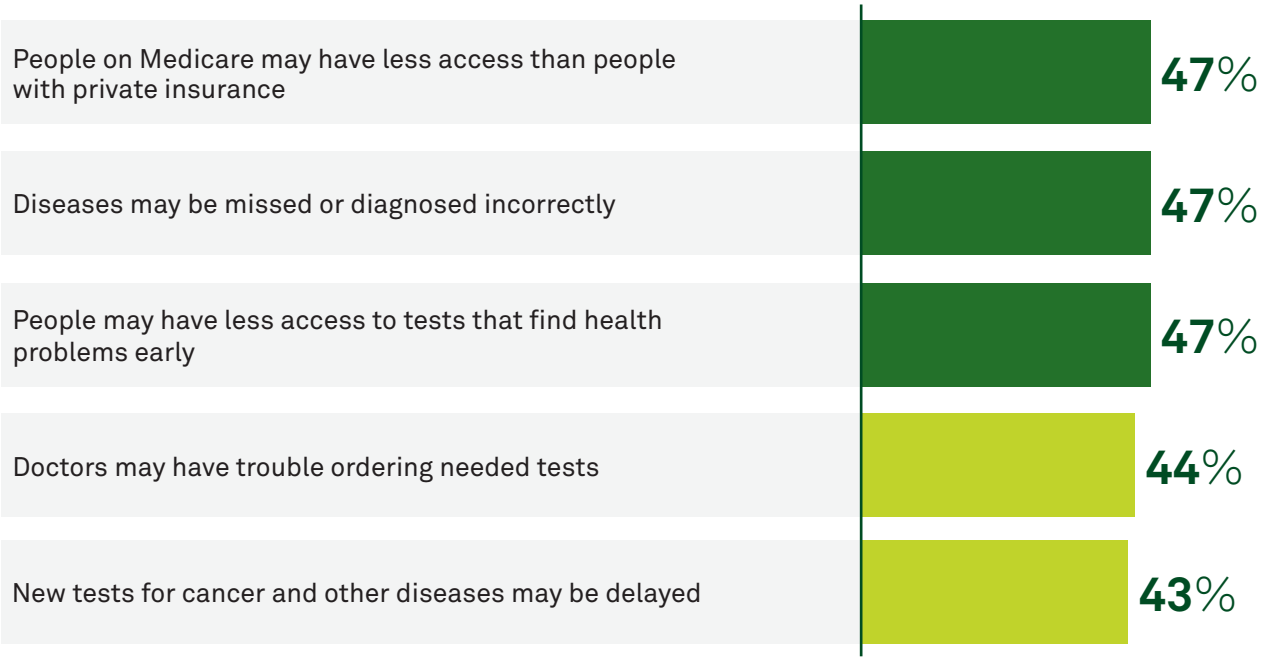
"Without action from Congress, Medicare payment cuts of up to 15% are scheduled to take effect for up to 800 lab tests in January 2027. How concerned are you about this?"
"If Medicare payment rates for lab tests are set too low, which of the following would concern you?"
"The federal government sets Medicare lab payment rates using data from a small share of labs. How concerned are you about whether Medicare lab payments are accurate?"

[a] Cuts of up to 15% were set to occur to 800 tests before Congress delayed PAMA's implementation in 2026. At the time of this report's publication, it is unclear if PAMA cuts in 2027 would occur to the same or different group of tests.

[b] In the prior data reporting period, less than 1% of applicable labs reported their data. At the time of this report's publication, the percentage of applicable labs that reported their data during the 2026 data reporting period was unknown.

The consequences patients worry about most are concrete and personal: nearly half point to reduced access for people on Medicare, missed or delayed diagnoses, and weakened early detection of cancer and chronic disease.

What worries patients most about low payment rates



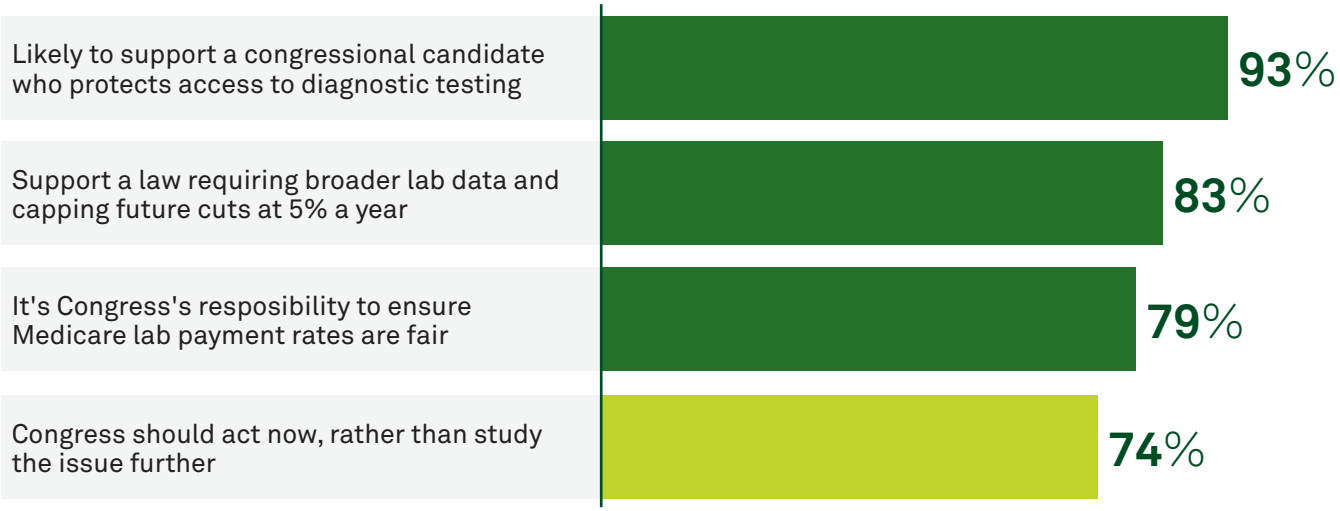
"If Medicare payment rates for lab tests are set too low, which of the following would concern you?" (select all that apply)

Half of registered voters (50%) say older adults on Medicare, those who live in rural communities, and people with cancer and other chronic diseases will all be hurt the most if these cuts take effect. Rather than pointing to any single group, most patients see the harm as shared across all 3 groups.

Patients want Congress to act—now

93%
of registered voters say they are likely to support a congressional candidate who protects access to diagnostic testing—with over half (53%) indicating that they are very likely to do so

Patients want Congress to act now



"How likely are you to support a candidate for Congress who works to protect Medicare patients' access to diagnostic testing?"
"Congress is considering a law that would require Medicare to use data from a broader group of labs and limit future payment cuts to no more than 5% per year. Would you support or oppose this change?"
"Do you think it is Congress's responsibility to make sure Medicare payment rates for lab tests are fair?"
"Which statement comes closest to your view: Congress should act now to prevent cuts, or Congress should wait and study the issue more?"

- 93% say they are likely to support a congressional candidate who works to protect Medicare patients' access to diagnostic testing, and 94% say it's personally important that their own representative supports a law to protect that access
- Nearly three-quarters (74%) say Congress should act now to prevent cuts before they harm patients. That rises to 80% once they learn that such cuts could delay access to newer tests for cancer, heart disease, and diabetes
- Four in 5 registered voters (79%) say it is Congress's responsibility to ensure Medicare laboratory payment rates are set fairly—vs continually studying the issue

A rare bipartisan issue

Support for congressional action holds up across party lines. Republicans, Democrats, and independents all agree—by high majorities—that Congress should act now, making this a rare policy area defined by bipartisan agreement rather than division.

Republicans, Democrats, and independents all agree: act now

"Which statement comes closest to your view?" (% who say Congress should act now)

75%
average support for acting now across Republicans, Democrats, and independents

Concern is also broadly consistent across sex, geography, and income. It is highest among 2 groups in particular: patients managing a chronic condition (91% concerned about the scheduled cuts vs 84% of those without a chronic condition) and patients with a family member on Medicare (91% vs 82%)—precisely the types of patients who have the most to lose if diagnostic innovation stalls.

The RESULTS Act: Fixing how Medicare sets lab payment rates

At the center of patients' concern lies a data problem. PAMA directed Medicare to set laboratory payment rates using cost data reported by the nation's labs—but the first collection captured information from less than 1% of labs. This left out virtually all hospital labs and undercounted physician office labs. When the data collected are incomplete, the resulting payment rates are not representative and therefore are set far too low.

Without action, scheduled cuts of up to 15% are set to take effect in January 2027, with the patients described throughout this report bearing the consequences first.

The RESULTS Act would resolve this underlying data problem. It would require Medicare to draw on cost data from an independent database that broadly reflects the nation's laboratories, thus preventing steep decreases that could reduce lab access and limit future payment cuts to no more than 5% a year.

The bill has drawn bipartisan sponsorship in Congress with approximately 130 cosponsors. Currently, the RESULTS Act is also supported by more than 70 medical and patient groups, including the American Cancer Society (ACS), American Medical Association (AMA), American Academy of Family Physicians (AAFP), American Hospital Association (AHA), Association of American Medical Colleges (AAMC), and Alliance for Patient Access (APA).

Registered voters support this change by a wide margin—83% back a law requiring broader lab data and capping future cuts at 5% a year. They are clear that this is not an issue they want studied further (see page 6).

The case is straightforward: better data mean more accurate payment rates, and more accurate payment rates mean testing stays available to the people who need it most.

Those surveyed said they want these changes addressed now, before access erodes for the older adults, patients who live in rural areas, and people managing serious illness who depend on accurate, timely diagnostic testing.

Voices in support

"For older Americans, timely access to diagnostic testing is not optional—it is essential to detecting disease early, managing chronic conditions, and making informed decisions about their care. [Older adults] should not face fewer choices or longer waits because of Medicare's flawed payment system. The bipartisan RESULTS Act offers a commonsense solution, and Congress should prioritize passing it this year."

— Mark Gibbons, President and CEO of RetireSafe

"Nearly every course of care begins with a laboratory result. It is the answer that can catch disease early, guide the right treatment, and give patients precious time. For [older adults], access to that testing cannot depend on an outdated payment system built on incomplete data and repeated temporary fixes. The RESULTS Act delivers the lasting reform patients and providers deserve—protecting access, preventing destabilizing cuts, and creating a fair, sustainable framework for the laboratories our health system relies on. I am grateful to my colleagues in the Problem Solvers Caucus for standing with me behind this legislation and affirming that [no one] should face delayed care because Washington failed to fix a problem we can solve."

— Congressman Brian Fitzpatrick (PA-01), Problem Solvers Caucus Co-Chair

"These findings are consistent with the strong bipartisan support in Congress for protecting access to laboratory services. Laboratory tests are the GPS of healthcare for all patients and physicians—detecting disease, guiding treatment decisions to ensure the right therapy is provided at the right time, and managing chronic conditions. Congress should pass the bipartisan RESULTS Act before the scheduled cuts take effect to protect patient access to these essential services."

— Susan Van Meter, President, American Clinical Laboratory Association

Conclusion

"As a practicing pathologist for 4 decades and a champion for laboratory diagnostics, I know first-hand how important laboratory testing is in shaping a patient's journey. Every treatment decision begins with the right diagnosis. That decision depends on our laboratories to guide better outcomes."

— Lee H. Hilborne, MD, MPH, Senior Medical Director, Quest Diagnostics, and Professor of Pathology and Laboratory Medicine, David Geffen School of Medicine at UCLA

Patients rely on diagnostic testing routinely—trusting it to guide the decisions they and their doctors make about their health. This survey makes clear who pays the price when that reliability breaks down.

Half of registered voters say older adults, those who live in rural communities, and people with cancer and other chronic diseases will all be hurt if these cuts take effect. These are patient groups with the least room for delay, who worry most about missed or delayed diagnoses, and are concerned about slower access to the tests that catch disease early when it's most treatable.

These aren't abstract risks. Nearly half of voters point to real, specific harms: less access to testing than people with private insurance, diseases missed or diagnosed incorrectly, and new tests for cancer and other diseases pushed further out of reach.

Patients have told us what they want: Medicare's laboratory payment rates fixed and a Congress who acts now instead of studying the problem further. The RESULTS Act is that fix. Pass it, and the data behind Medicare's payment rates will finally reflect the real cost of the testing patients depend on.

Patients who benefit most from Medicare lab testing stand to lose the most.

Diagnostics: an instrument of care

Physicians treat diagnostic testing as a foundational part of good medicine, not an afterthought. From a doctor's perspective, a lab result isn't just data; it's often the difference between guessing and knowing.

- Screening for risk of disease, enabling appropriate preventive measures
- Diagnosing disease
- Selecting treatments, monitoring treatment response, and following up after treatment—including for recurrence
- Establishing a baseline for a patient's health, so future changes are easier to catch
- Adjusting care in real time, such as fine-tuning medication dosages based on how a patient is responding

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About the survey

The survey was commissioned by Quest Diagnostics and conducted by Regina Corso Consulting among 1,024 self-identified registered voters nationally, with an oversample of 624 additional respondents across 6 cities: Dallas, Houston, Las Vegas, Boston, Tampa, and Atlanta. This survey was conducted online between June 11 and 19, 2026, and the sample was balanced to match the US Census of registered voters. The sampling error for this is +/- 3.1%.