

State Licensure Update

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The American Society for Clinical Laboratory Science (ASCLS) has worked for state licensure of laboratory personnel for many years. This has been a challenge, and it has been a number of years since a state was successful in passing a state licensure bill. The most recent success was Montana in 1993. Despite the challenges, a number of constituent societies of ASCLS have continued in their efforts toward licensure, and have attempted to build coalitions of laboratory professional organizations to support their efforts. In every case, however, it has been the ASCLS-based group who was the leader in licensure efforts.

At the ASCLS national meeting, a "State Licensure and Legislative Update" session is held annually. The August 2003 session was a panel presentation that had three purposes: to present updates from states that are in various stages of trying to pass licensure legislation, to review post-implementation issues that are currently arising in already licensed states, and to review other state initiatives related to laboratory personnel.

Interest in personnel licensure has been heightened in the past two years due to:

- the need for better data on numbers of practitioners, related to bioterrorism readiness.
- worsening laboratory personnel shortages, tied to the need for recognition of the profession.
- public concern about medical errors and patient safety.

The purpose of licensure is to protect:

- public health and safety.
- laboratory scope of practice by excluding those who have not acquired appropriate requisites for licensure.

Washington Beat is intended to provide a timely synopsis of activity in the nation's capitol of importance to clinical laboratory practitioners. This section is coordinated jointly by Kathy Hansen, Chair of the ASCLS Government Affairs Committee, and Don Lavanty, ASCLS Legislative Counsel. Direct all inquiries to ASCLS (301) 657-2768 extension 3022; (301) 657-2909 (fax); or mail to ASCLS, 6701 Democracy Blvd., Suite 300, Bethesda MD 20814, Attention: Washington Beat.

Certainly both of these purposes are consistent with the current emphases on patient safety and healthcare provider competence. Other advantages are improvement of the quality of testing, respect and prestige for laboratorians, increased visibility to the public, and definition of scope of practice.

Gilma Roncancio-Weemer of Illinois reported on efforts to pass a licensure bill there. ASCLS-IL has worked since 1999 to build a coalition of support and to draft bill language. The bill includes standards for licensure of clinical laboratory scientist (CLS) and categorical clinical laboratory technician (CLT) levels, but does not include histotechnicians, pathology assistants, or phlebotomists. Initial licensure requires passing a recognized national certification examination and re-licensure requires documented continuing education. An important feature is 'grandfathering in' of existing practitioners, so that there should be no concern about laboratorians losing jobs.

Illinois Senate Bill 1068 was introduced and sent to a committee for hearings. Written support was obtained from ASCLS-Illinois, the American Association for Clinical Chemistry (AACC)-Chicago, the American Society for Clinical Pathology (ASCP), the Illinois State Society of American Medical Technologists (ISSAMT), and the Illinois Society for Microbiology (ISM), with participation from the Clinical Laboratory Management Association (CLMA). The American Association of Bioanalysts (AAB) opposed the bill. In addition, there was opposition from the Illinois Society of Pathology, the Illinois Hospital Association, and the state medical society. Some of the stated grounds for opposition reflected lack of knowledge about the provisions of the bill: concern about current laboratorians losing jobs, what duties CLTs could perform, etc.

Future steps will include more education and bridge-building to the other interested organizations, and continued efforts to educate the public, other healthcare professionals, and government officials about the need for regulation.

Rick Panning of Minnesota reported on the efforts during the past year to build a coalition of support and educate laboratorians in the state about licensure. Rick and others have

traveled the state to present informational sessions and judge the extent of support from the laboratory community. In addition to a long list of professional associations, meetings have been held with the Minnesota Department of Health and the Mayo Clinic to share information and garner support.

Future steps will include asking professional associations for formal commitment to support the effort, continuing to improve understanding of the legislative process in the state, beginning to draft bill language, and looking for sponsors in the Minnesota House and Senate.

Leticia San Diego of Michigan reported that two bills of interest were introduced into the Michigan legislature this spring. House Bill 4554 was introduced to amend the state's licensure bill to add licensure of laboratory personnel (CLS, CLT, and clinical laboratory assistant) to the list of other healthcare professions that are licensed in the state. The interest from the state legislature is tied to its concerns about bioterrorism readiness. The Michigan Society for Clinical Laboratory Sciences (MSCLS) is in the process of contacting other laboratory professional associations for their support, and attempting to counter any opposition.

The second bill in Michigan is SB 4272, "The Creation of the Governor's Commission on Patient Safety". It establishes a commission that would conduct public hearings and solicit input from the public and from healthcare organizations that have interest in patient safety. The commission is charged with making a report to the legislature with recommendations for error reduction and improvement of medical practice.

Dana Duzan of Washington State reported on the work of the Washington Health Care Personnel Shortage Task Force. Dana represented all of allied health on the task force, which included educators, healthcare administrators, unions, professional associations, etc.

The charge to the task force was to:

- identify ways to increase education and training program capacity for healthcare personnel.

- identify ways to improve student recruitment and retention, marketing, and outreach into health careers, including ways to increase the diversity of health professions.
- recommend modifications to state regulations and statutes to help alleviate the shortage.

The task force subcommittees did extensive research and developed strategies. They produced a comprehensive report that is available at www.wtb.wa.gov/HEALTHCARE_TASKFORCE.HTM. It contains excellent information that could be of use to other states also.

Helen Bixenman of Arizona, current president of the National Credentialing Agency (NCA) reported on recent developments in California regarding application of licensure laws. California has implemented phlebotomy licensure, which requires passage of one of the national certification examinations recognized by the state. NCA has applied to be one of the recognized agencies. California also will soon implement licensure of CLTs for the first time, and plans to use national certification exams for that licensure as well.

California has recognized the NCA specialty examinations for Cytogenetics and Molecular Biology for a number of years, but recently began enforcement of licensure for those practitioners. That necessitated a flurry of activity for those individuals and the NCA office as people needed to produce proof of their NCA certification.

California did not administer a CLS examination in the spring of 2003 due to budget limitations, and has issued temporary licenses to individuals who qualify to take the California exam. Since the pass rate for the California exam is quite low, there is concern about whether unqualified individuals are now practicing.

ASCLS remains committed to licensure for laboratory personnel. The reports from the panelists illustrate that even once licensure is in place, there are still changes to the process and threats to scope of practice. As professionals, we must stand ready to protect our patients' safety and our professional scope of practice.