

Licensure of Laboratory Personnel

Presented by the Minnesota Collaborative Laboratory Licensure Coalition



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History: Personnel Licensure Required

- ◆ California (1937)
- ◆ Florida (1967)
- ◆ Hawaii (1974)
- ◆ Louisiana (1992)
- ◆ Montana (1993)
- ◆ Nevada (1967)
- ◆ North Dakota (1990)
- ◆ Puerto Rico (1939)
- ◆ Rhode Island (1992)
- ◆ Tennessee (1967)
- ◆ West Virginia (1991)
- ◆ New York (2004)
- ◆ Facility Licensure (with personnel components)
 - Alaska
 - Georgia

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Current Licensure Efforts / Activity

- | | |
|-----------------|------------------|
| ◆ Illinois | ◆ Utah |
| ◆ Massachusetts | ◆ Ohio |
| ◆ Michigan | ◆ South Carolina |
| ◆ Minnesota | ◆ Wyoming |
| ◆ Texas | ◆ Pennsylvania |
| ◆ Vermont | ◆ Virginia |
| ◆ Washington | ◆ South Dakota |
| ◆ New Jersey | ◆ Delaware |
| ◆ Iowa | ◆ Missouri |
| ◆ Georgia | ◆ Alaska |

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The case for personnel licensure

- ◆ Protect the public health and safety (consumer protection). Assurance of quality
- ◆ Protect the scope of practice by excluding those who have not acquired appropriate requisites for licensure
- ◆ Need to identify, locate and mobilize practitioners for emergency preparedness

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One side effect of NOT being licensed

- ◆ Our profession is one of the most difficult healthcare workgroups to collect data on
- ◆ In our current workforce shortage, the ability to define our profession with quantitative data is greatly hindered
- ◆ Many states collect data on nurses, pharmacists and physicians but are unable to collect similar data on our profession.

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Advantages of personnel licensure

- ◆ Quality of laboratory testing assured and improved
- ◆ Credentials + Licensure = results
 - A license can be revoked. Without licensure, an person can always work at another laboratory.
- ◆ Defines the "scope of practice" of our profession
- ◆ Increases public visibility and prestige for the profession
- ◆ Puts profession on a "level playing field" with other licensed healthcare professionals (aids in recruitment)
 - Other healthcare professions value licensure. Our status is impacted by that mindset.

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Points to consider when making your case (important for legislators)

- ◆ Unregulated practice will harm or endanger the public
- ◆ Existing protections are insufficient to protect public
- ◆ Regulation will mitigate existing problems (challenge: "proving" current problems exist)
 - Maryland General case
 - CMS CLIA data supports the regulation improves quality
 - Public awareness of medical errors
- ◆ Occupation requires possession of knowledge, skills and abilities that are teachable/testable (scope of practice)
- ◆ This profession is clearly distinguished from other licensed professions
- ◆ The economic impact is negligible

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Concerns (*sometimes misconceptions*) regarding personnel licensure

- ◆ In times of a personnel shortage, a possible decline in availability of practitioners (especially in rural and underserved areas)
- ◆ Mobility of the practitioner may be limited. (It is essential to assure state-to-state reciprocity)
- ◆ Increased cost to the state
- ◆ Possible increase in the cost of testing
- ◆ The need to take a test to maintain a license
- ◆ Increased cost to the practitioner – only true statement on this list

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Process

- ◆ Identified the "players" in the laboratory community.
- ◆ Established a coalition.
- ◆ Identified leadership
- ◆ Understand MN state legislative and administrative process
- ◆ Developed goals, strategies, timelines
- ◆ Developed an education and communication plan
- ◆ Developed a bill (used ASCLS/ASCP model bill as a start)
- ◆ Working to identify legislative author and sponsors

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Issues to consider

- ◆ Who should be licensed?
 - (CLS, CLT, Lab Assistants, Categorical/Specialists, Cytotechnologists, Histotechnologists, Histology technicians, phlebotomists, etc.)
 - Licensure of non-CLS/MT professionals
- ◆ Who should be exempted?
- ◆ Standards for licensure: Education, experience, exams
- ◆ How and who administers?
- ◆ Identify proponents and opponents
- ◆ Financing
- ◆ Hiring a lobbyist
- ◆ Are people ready to participate in the process?

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Common questions from current practitioners

- ◆ Why should we be licensed?
- ◆ Will I have to take a test?
- ◆ How much will this cost me?
- ◆ Continuing education requirements?
- ◆ "Are you going to pay me more?"
- ◆ Will I lose my job if a licensure bill is passed?
- ◆ Why do I need a license if I am already certified?
- ◆ Why I should I support personnel licensure?
- ◆ How can I have input in the process?
- ◆ How can I help?

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Update on the Minnesota process



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Minnesota process timeline

- ◆ 2003-2007: statewide education on the topic of licensure (almost 1500 laboratory professionals)
- ◆ 2005: ASCLS-MN appointed licensure task force to draft baseline model bill
 - Rick Panning
 - Kathy Hansen
 - Donna Spannaus Martin
 - Dan Olson

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Minnesota Timeline

- ◆ Assembled the licensure coalition members – asked for representatives from professional organizations
- ◆ Coalition held first meeting-January 2006
 - Formal coalition commitment
 - Subsequent meetings at least monthly until now

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Coalition represents:

- | | |
|-----------------------|-------------------------|
| ◆ AACC (Clin. Chem.) | ◆ MSC (Cytology) |
| ◆ AGT (Genetic Tech.) | ◆ MIMA (Microbiology) |
| ◆ AMT | ◆ MABB (Blood Bank) |
| ◆ ASCP | ◆ MDH |
| ◆ ASCLS-MN | ◆ Phlebotomy profession |
| ◆ CLMA-MN | ◆ Molecular Diagnostics |
| ◆ MSP (pathologists) | |
| ◆ MSH (Histology) | |

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Coalition

- ◆ Organizations have agreed to participate in the “process”
- ◆ Organizations, at this point, did not commit to being part of the licensure bill. Each organization ultimately has decided to be “in or out” of the bill. All support the process and will support the bill as it moves forward.

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Coalition Commitment to Participate

- ◆ The Minnesota Laboratory professional organization named below supports the collaborative process, as member of the Minnesota Laboratory Personnel Licensure Coalition, to prepare for the pursuit of licensure in Minnesota via legislative initiative. As a participating supporter of the process, the organization will provide ongoing representation at coalition meetings as part of the decision-making process. Named representative(s) of each organization are committed to communicating with their organizational leadership and state members as needed to make decisions and communicate information to the broader laboratory professional community in the state. Participation in this coalition, at this time, does NOT commit the organization to inclusion in a licensure bill.

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Coalition members (putting a “face” to the process)

- | | |
|---------------------------------|-----------------------------------|
| ◆ Beth Dahlmeier (AACC) | ◆ John Thon (CLMA) |
| ◆ Carol Johannes (ASCLS) | ◆ Julie Mumm (Phlebotomy) |
| ◆ Cathie Foster (Molecular) | ◆ Junell Peterson (ASCP) |
| ◆ Clara Boykin (AMT) | ◆ Karen Nelson (Phlebotomy) |
| ◆ Colleen Forster (MSH) | ◆ Kathy Hansen (ASCLS)-Vice Chair |
| ◆ Curt Hanson, MD (MSP) | ◆ Leanna Erickson (AGT) |
| ◆ Dan McKeon (MSC) | ◆ Lizette Miller (MSC) |
| ◆ Dan Olson (ASCLS) | ◆ Marisa Peterson (MABB) |
| ◆ Donna Spannaus Martin (ASCLS) | ◆ Sue Iddings (MIMA) |
| ◆ Edith Tefft (AMT) | ◆ Pat Ellinger (ASCP) |
| ◆ Heidi Sokolowski (MSC) | ◆ Paula Snippes (MDH) |
| ◆ Jean Robbins (CLMA) | ◆ Rick Panning (ASCLS)-Chair |
| ◆ Jeremy Angell (Phlebotomy) | ◆ Shelly Semerad (MSC) |

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Coalition process

- ◆ Review of model licensure bill draft (Medical Laboratory Practice Act)
 - First review (Jan, Feb and Mar): Raise issues for consideration and discussion
 - Second review (started in April):
 - ◆ Made decisions or
 - ◆ Identified issues to be taken back to professional societies for consideration
 - Draft was ready for sharing publicly in Sept

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Draft Bill Table of Contents

- ◆ Title
- ◆ Declaration of Policy and Statement of Purpose
- ◆ Definitions
- ◆ Exemptions
- ◆ License required
- ◆ Administration
- ◆ Duties and Powers of the Board
- ◆ Standards
- ◆ Waiver of Requirements
- ◆ Application Procedures
- ◆ Renewal
- ◆ Effective Date
- ◆ Disciplinary Requirements
- ◆ Due Process
- ◆ Severability

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Informational Meetings to gather input from Key Stakeholders

- ◆ Mayo Clinic laboratory leadership
- ◆ Minnesota Hospital Association
- ◆ Minnesota Medical Association
- ◆ Minnesota Department of Health
- ◆ Lobbyist
- ◆ Physical Therapy Practice Board

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MHA (MN Hospital Association)

- ◆ Lobbyists: Sue Stout, Mary Krinkie
- ◆ Historically anti-licensure
- ◆ Concerns:
 - Fear that shortages will worsen
 - Grandfathering provisions
 - No separate licensure exam
- ◆ Input:
 - Small Rural Health Committee
 - Human Resource Committee
 - Patient Safety Committee: quality concerns
 - Board
 - Policy and Advocacy

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MHA (current status)

- ◆ Workforce Development committee recommended to support bill with changes
- ◆ Policy committee asked coalition for changes (coalition agreed to these)
 - Remove phlebotomists from the bill
 - Remove CMAs from the bill
 - Address grandfathering language (i.e. length of time)
- ◆ Currently awaiting final position from MHA

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MMA: MN Medical Association

- ◆ Lobbyist David Renner and Legislative Advocate Janet Silversmith
- ◆ Met with Policy Advisory Committee in October
- ◆ Impact of hiring qualified professionals
 - Supply versus OJT
- ◆ What is the public risk?
- ◆ Important to maintain quality
- ◆ Impact:
 - Hospitals
 - Larger clinics
 - Small clinics

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MMA (current status)

- ◆ Concern about phlebotomists and CMAs inclusion in the bill (has been addressed)
- ◆ Wanted to understand where MHA would weigh in on this issue

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Other Principles

- ◆ Licensure is a cornerstone for quality and safety in laboratory medicine
- ◆ Licensure prevents our profession from being "dumbed down"
- ◆ Addressed non-traditionally trained CLS professionals (i.e. certification for Bachelor's Degree, non-CLS)
 - Timeframes
 - Mechanisms

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Additional steps

- ◆ Consulted Minnesota Board of Physical Therapists
 - Propose to have independent board versus using MDH or Board of Medical Practice
- ◆ May meetings:
 - Lobbyist: To discuss legislative process
 - Tom Hindlmayr: Minnesota Department of Health
- ◆ Communication plan – "traveling show" to get input and support

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Process since Fall 2006

- ◆ Finalized bill based on feedback
- ◆ Determined which professional groups are included in the final bill
 - CLS, CLT, CLS categoricals, CT, HT/HTL, Cytogenetics, HLA, Molecular Diagnostics
- ◆ Selected a lobbyist. 3 lobbyists were interviewed; Rider Bennett has been selected
 - Our process and draft bill were thought to be very thorough and organized
 - Impressed with our "grass roots" experience
 - Likelihood of a two year process (this is the first year of the biennium – bill can be carried over to next session without starting over)

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Funding

- ◆ ASCLS, ASCP and CLMA have committed funding.
- ◆ Other coalition organizations have been asked to make a commitment.

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Next steps

- ◆ Select authors and sponsors in House and Senate
- ◆ Possible Republican and Democratic authors have been identified in both houses, follow-up meetings in process
- ◆ Bill has been sent to legislative office to be "processed" in the right format.

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Next steps

- ◆ Introduce licensure bill March 2007!
- ◆ Once a bill is passed:
 - Representatives of the profession would be engaged in writing the regulations
 - Professional societies representing licensed laboratorians will submit nominees to the Governor to serve on the licensure board
 - Implementation at some date post passage of the bill (for example New York bill signed in summer 2005 was implemented September 2006)

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Bill Provisions

- ◆ Qualification Routes:
These have been simplified to include only:
 - degree (education) required
 - clinical experience required
 - certification required (nationally recognized, named in the Act)
- ◆ These qualifications do not apply to "grandfathered" individuals.

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Grandfathering

- ◆ Who is eligible?
 - Anyone currently employed on the effective date of the licensure law, or
 - Anyone who has worked at least 6 months (at least half-time) in the past 3 years
- ◆ Time frame to apply.
 - Must apply within two years of the effective date of the law.
 - After two years the grandfathering option will no longer be available.

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Bill Provisions

- ◆ Temporary license provision allows those entering the profession via "non-traditional" routes to hold a temporary license while gaining experience necessary to become certified.
- ◆ Board may grant a license to subspecialties that don't yet have a certification exam.

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Bill Provisions

- ◆ License renewal will require continuing education
- ◆ Renewal period and CEU's:
 - Three year renewal period is consistent with recertification periods of NCA and ASCP-BOR.
 - Submit CEU's annually
 - All categories need 12 hours per year

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Costs of application/renewal

- ◆ Will be determined based on cost
- ◆ Other MN healthcare license costs:
 - Nursing: \$85 per year
 - Physicians: \$192 per year
 - Physician Assistant: \$135 per year
 - Respiratory Care: \$90 per year
 - Athletic Trainer: \$100 per year
 - Midwife: \$100 per year
 - Pharmacist: \$105 per year
 - Physical Therapist: \$60 per year
 - Audiologist: \$200 per 2 years
 - Occupational Therapist: \$180 per 2 years
 - Occupational Therapy Assistant: \$125 per 2 years
 - Speech Pathologist: \$200 per 2 years

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Draft Bill

- ◆ Bill language has been drafted and is being put into legislative format. If you would like to receive a copy by e-mail, leave a business card or sign up on the sheet in the back of the room.

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If you have questions or wish to assist, contact:

- ◆ Rick Panning
 - 651-291-6764
 - panningri@usa.redcross.org
- ◆ Kathy Hansen
 - 612-273-5090
 - khansen3@fairview.org
- ◆ Or the representative from your professional society

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Advocacy for the profession

- ◆ Stay informed about decisions that impact the laboratory profession
- ◆ Advocacy is not just the responsibility of management
- ◆ Advocacy is most effective when actively engaged in by practitioners in the field
- ◆ "You are the expert"

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How to remain informed

- ◆ Join a professional society: most have staff dedicated to formal advocacy efforts
- ◆ Attend meetings on issues in addition to meetings on technical topics
- ◆ Read professional journals and newsletters

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Opportunities to be an advocate

- ◆ Minnesota Legislative Day: March 15, 2007, 9:00-noon, Bethesda Hospital and State Capitol
- ◆ ASCLS/CLMA/ASCP Legislative Symposium: March 19-20, 2007 (Washington DC)
- ◆ One-to-one:
 - Write a letter (best by email or fax)
 - Visit in Washington DC or St. Paul
 - Attend open forum meetings in your legislative district
 - Develop a relationship – let them know you are available

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Advocacy

- ◆ The bottom line is that
 - You are a constituent
 - They represent you, whether you voted for them or not.
 - You are the expert. Your representatives cannot possibly be experts in all areas, but you can be an expert in yours.
 - Tell them how a proposed change or a change you want impacts you, your employer or constituents and employers in their district (good or bad)
 - Ask for something – sponsor a bill, vote for or against a bill, sign a letter to the President or Governor, sign a letter to the regulators, etc.

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