



Legislative Background Brief

for the
Economic Affairs Interim Committee

Updated October 2013

Board of Clinical Laboratory Science Practitioners

Prepared by Pat Murdo, Legislative Research Analyst, with help from the Business Standards Division

Board = 5 members (term expiration in parentheses)

<p>Clinical laboratory science practitioners = 4 -Sarah Kolar, Lewistown (4/16/2015) -Troy Krieger, Billings (4/16/2016) -Alison Mizner, Kalispell (4/16/2017) -Vicki Rice, Helena (4/16/2015)</p>	<p>Public member not connected with or financially interested in clinical laboratory science = 1 Carl Donovan, Great Falls (4/16/2015)</p>
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Number of Licensees	FY 2009	FY 2010	FY 2011	FY2012
Clinical laboratory scientist				
Clinical laboratory specialist				
Clinical laboratory technician				
Total	907	928	934	928

Licensing Fees (since 2008)

Original application fee for: clinical laboratory scientist, specialist, or technician	\$175
Temporary license fee	\$25
Active renewal fee	\$60
Inactive renewal fee	\$25
License by endorsement fee	\$100
Reactivation of license fee	\$35

Revenues FY2009-FY2012 and Expenditures for FY 2009-2012

	Revenues		Expenditures	
	Licensing	Other	Personal Services	Operating
FY 2009	\$60,060		\$57,219	
FY 2010	\$60,520		\$59,128	
FY 2011	\$ 60,620		\$54,326	
FY 2012	\$60,075		\$70,292	
FY 2015 biennium*	--		\$142,914	

*Appropriation Authority In House Bill 2

Expenditures, FY 2012	Direct	Indirect			
		Admin	Div. IT/Bureau	Compliance	Bureau

Personal Services, incl. per diem	\$24,881	\$3,056	\$3,186	\$1,904	\$1,889
Operating Expenses					
Consulting, Printing, IT, Other	\$17,670		\$1,808		
Supplies, incl. Computer	\$529		\$510		
Postage, mailing, IT network, voice srv	\$970		\$675		
Travel/Per Diem for Board Members	\$1,980				
Rent and other expenses*	\$3,503		\$4,681		
Legal and hearings	\$3,030				
Total (may be affected by rounding)	\$52,563		\$17,709		

*Includes rent of \$1,968, computer and office equipment repair of \$67, dues, education & training, and fee collection expense of \$1,468 for direct expenses and meeting/office equipment cost and other of \$8, DLI OIT expense of \$2,024 and indirect agency, freight and express, etc. of \$2,649 for indirect expenses.

Number of Complaints

FY 09 0
 FY 10 6
 FY 11 1
 FY 12 4

Disciplinary Action (may be from other years)

Dismissed 1
 Other Sanctions 4
 Dismissed 2
 Dismissed 1, Other Sanctions 2, Closed 1

Scope of Practice

A clinical laboratory scientist, as defined in 37-34-103, MCA, "(a) performs clinical laboratory tests pursuant to established and approved protocols requiring the exercise of independent judgment and responsibility; (b) maintains equipment and records; (c) performs quality assurance activities related to test performance; and (d) may supervise and teach within a clinical laboratory setting".

A clinical laboratory specialist, defined in 37-34-103, MCA, "(a) performs laboratory testing in a specialized testing area, such as microbiology, chemistry, immunology, or hematology, according to approved protocols requiring the exercise of independent judgment and responsibility; (b) maintains equipment and records; (c) performs quality assurance activities related to test performance; and (d) may supervise and teach within the specific area of the clinical laboratory".

A clinical laboratory technician, defined in 37-34-103, MCA: "performs laboratory tests pursuant to established and approved protocols that require limited exercise of independent judgment and that are performed under the supervision of a clinical laboratory scientist, laboratory supervisor, or laboratory director".

2013 Legislation Impacting Board or Profession

- Possibly SB 183 and its counterpart, HB 259, regarding recognition of military training by professional and occupational licensing boards.

Summary of Responses from Survey as made through June 11, 2013:

of Responses from Board of Clinical Laboratory Science Practitioners licensees -- 82
 Comments summarized separately. Respondents' *main compliment*: ability to monitor on behalf of licensees. *Main Complaint*: license fees too high. *Key comment on importance*: protecting public safety. *Public response*: 29.3% saw no public health, safety, or welfare benefit.

Responses to Survey - Board of Clinical Laboratory Science Practitioners Total responses: 82 (of which 6 out-of-state)

<p>Highest Compliment</p>	<p>Ability to monitor on behalf of licensees - 32 Ability to streamline Continuing Education - 8 Ability to keep profession from criticism because of bad actors - 7 None - 30 Other: Easy to access website for licensing renew/mail notifications etc. -- extremely friendly and helpful on the phone if you have problems. - Prevents unqualified imposters from taking jobs suited to formally educated professionals. - Ability to assure a qualified, educated and credentialed workforce.</p>
<p>Biggest Complaint</p>	<p>Licensing fees too high - 31 Lack of Information - 4 Board's response to unlicensed practice - 6 Licensing renewal timelines too rigid - 5 Regulations too strict - 3 None - 29 Other: This license is not cost-benefit friendly and has not proven itself in my experience to live up to any of the benefits promised by its proponents. It sure hasn't put any more money in my pocket. - Can't access site to renew license - Oversight is limited with the number of waived testing now available. Often the CLIA waived PLOs are not practicing good laboratory practices. - Continuing ed requirements are too strict vs. cost and availability of continuing ed opportunities - Relevance -- I don't see any benefit other than revenue generation for the state. - No support for continuing education requirements. - Process is difficult to maneuver through. - Required CE credits for license too restricted. - What does the licensing fee pay for? What is the point? What do they do for me? - Annual renewal due 5 months after primary licensing. - It is unnecessary (2). - I don't believe it provides a valuable asset to the industry. - The new online renewal system either does not work or will not work with all web browsers. - Other states like Washington do not require a state license. The professional license is strict enough that the state doesn't need any separate requirements. It is just an excessive step so the state makes money off of workers that are hard enough to recruit as it is. - I would like to see license renewal every two years instead of every year as Florida does. - Very slow getting original license; renewal very easy.</p>
<p>Other reasons the board is important: - It prevents the perpetuation of harm to the general populace by an unscrupulous practitioner. - We have highly technical training to do a highly specific and necessary job. Doctors rely on us for the information they need to diagnose and treat patients for their health needs. Their diagnosis and treatment is only as good as the information we give them. As a state you need to care for who we are. -- Job security -- The board assures that Medical Laboratory Scientists (MLS) working in the state of MT are fulfilling their education requirements on a year to year basis. MLS licensed after 2004 already have to submit their education and [be] approved by ASCP on a 3 year basis and aren't "Grandfathered In"; submitting continuing education at a national level to keep licensing under (ASCP) CM (CM = Certification Maintenance Program). The right amount of scientific education is needed to be a well-rounded scientist. Although, I'm speaking from my BS in Biochemistry/Chemistry which varies from the Microbiology curriculum which most MLS have these days. -- I think it's a good thing that our state requires a CLS to maintain a high level of CE. It helps ensure the safety of our patients. -- The practice of clinical laboratory science needs to be regulated for patient safety and the well being of the community. I am very glad Montana requires licensure for this particular profession because a lot of states do not require a license. You need a national certification to practice, but before 2004 (estimate) it was not required that continuing education needed to be done to retain your certification (current graduates need 36 CE every three years). In the state that don't require licensure and those with another certification...no continuing education needs to be done. With the vast technological accomplishments in the CLS field, I find it necessary to keep up with current practices and having state licensure with a CE requirement is fantastic for older generations. - The board is important to maintain the standards of practice for our profession. It is in the public interest to require a level of competence to ensure testing quality statewide. - Making sure standards are upheld in my profession by ensuring continuing education and proper education for professionals in my profession. Improves quality of health care in general if you have a standard threshold above which those employed are expected to meet. This is very valuable and necessary overall. How else would you be sure the occupations are filled by qualified individuals and there is no fraud...at least even in the most minimalist way. - Double check system to make sure those employed in this field have the proper education and credentials. - Holds the profession to certain standards of excellence so that people receiving services in small rural Montana can get the same level of quality healthcare as someone in a large Montana city. - It makes sure that professionals keep up with their profession by continuing education. - Protects state residents from job displacement by out-of-state new hires. - Important to have a board and licensing for laboratory professionals to protect the public from unqualified people performing lab tests. We are a very important cog in the wheel of healthcare, yet most people don't even realize what we do. It's important that the profession is made to answer to a high standard in order to give the best healthcare to the public.</p>	

Public Health - 9	Public Welfare - 2	Public Safety - 16	None of these - 24	All or combination - 27
Scope of Practice:	Too Narrow - 6	Too Broad - 5		Just Right - 60
<p>Problems with own or other professions' scope of practice - None with own profession = 65 Problem with Board of Nursing - 12</p> <p>-- Comment regarding too broad a scope: Technicians should not be allowed under their license to do some of the more complex laboratory testing (i.e. blood banking, microbiology), The training a technician gets does not give them the background or knowledge to perform these highly complex tests that could potentially save or even end a life. - The board grandfathered in nursing and respiratory therapists. The profession is not protected by the license. - CLS covers all areas of the clinical laboratory. Chemistry, hematology, transfusion service (immunology), microbiology. You can get specialist certification in all these areas, but again with the advancement in technology it is a lot of scope of practice to keep up with. - Too many non CLS performing waived tests with no training.</p> <p>-- Comments regarding too narrow a scope: -- There are other professions that are trying to do laboratory work. These professions are not trained in this type of work. Laboratory work is demanding, technical and precise. It takes a lot of training and schooling to perform this work accurately and precisely. Others think they can do this, but all they do is sacrifice patient care and welfare. This is why I feel the board was established. The patient is our main customer. - Fails to recognize that we have multidisciplinary skills and lots of education. - Smaller communities cannot afford specialists</p> <p>-- Comments regarding just right a scope: There was compromise when licensure was first started, but I feel the standards are adequate. - It regulates everything we do in the lab. It does protect us and the public from people who are not trained in laboratory medicine.</p>				
<p>What laws/regulations have caused the most problems? None = 10</p> <p>Serves no purpose other than to have grandfathered in those with minimal qualifications. - Late fee is double [renewal] fee, never heard of that, usually late fee is 10% or less of original cost of an item. - CLIA created a dumbing down of the profession. (From the federal Centers for Medicare and Medicaid Services website - CLIA = Clinical Laboratory Improvement Amendments. CMS regulates all laboratory testing (except research) performed on humans in the U.S. through CLIA. " In total, CLIA covers approximately 225,000 laboratory entities. The Division of Laboratory Services, within the Survey and Certification Group, under the Office of Clinical Standards and Quality (OCSQ) has the responsibility for implementing the CLIA Program." www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/clia/</p> <p>-- The need for continuing education in the profession is a good plan. The method in which the CLS board audits the professionals is probably inadequate. I would guess that some take the chance that they will not get audited and do not really complete the required continuing education. I have not been audited for 5-plus years. - The expansion of waived lab testing. - Strict requirements on continuing education that is not necessary and can be expensive. -- Montana is one of only a handful of states that require state licensure in the CLS/medical technology field. Passing the national exam (ASCP) is sufficient for a practitioner; separate state licensure is unnecessary. In the 25+ years that I have been in the profession, I have seen no evidence that the Board of Clinical Lab Science Practitioners has done anything to promote or improve the profession in the State. - Continuing education and audits a waste of time and money for everyone. -- Narrow continuing ed requirements not required by my ASCP certification. My hospital continuing education units are not approved by the board. - Mid year date for CE's is confusing. The 2012 Montana CLS convention in April is good for CE's in the 2011-12 year. This is just prior to the renewal May1 so the credits are not good for the 2012-2013 year. It seems like you take them in 2012 they ought to be good for the 2012 year. - Fee scheduling for the laboratory. The fee schedule hasn't changed since 1984, so we are no longer being reimbursed the correct amounts for the lab tests performed (again since the technology of lab tests has changed so much). I have tried to lobby for bill HR1452 [in Congress], but with no success. And with Obamacare, I believe that the fee schedule changed again for the worst. - Waiver of certain tests and allowing unlicensed or those uneducated personnel to do testing procedures for which they are not really trained. I know legislators often don't realize the ramifications of certain laws because of ignorance and desire to please special interests. This could cause problems for profession and public safety. - Allowing other professions, specifically nurses, to practice in my profession. Only needs to cover Lab Scientists, technicians and phlebotomists. it has not prevented other professional licensing boards from obtaining approval to practice in my profession despite their lack of education, focus or oversight.</p>				

Consumer complaint filed?	No = 73 Yes = 2 Board was effective = Still pending - 1 Board was not effective - 2 (One filed a court case)
Nonlicensee comments	Saying Board of Clinical Laboratory Science Practitioners: Necessary for Public Health - 210 , Public Safety - 141, Public Welfare - 115 Some respondents marked all or a combination.

as of June 2013