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|---|---|---------------------------|---------------------------|--------------------------------|
| <b>Public Health</b> - 9  | <b>Public Welfare</b> - 2   | <b>Public Safety</b> - 16 | <b>None of these</b> - 24 | <b>All or combination</b> - 27 |
| <b>Scope of Practice:</b>   | <b>Too Narrow</b> - 6   | <b>Too Broad</b> - 5      |                           | <b>Just Right</b> - 60         |
| <p><b>Problems with own BA or other professions' scope of practice</b> - None with own profession = 65 Yes = 12 Board of Nursing - 12</p> <p>-- <b>Comment regarding too broad a scope:</b> 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>-- <b>Comments regarding too narrow a scope:</b> -- 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>-- <b>Comments regarding just right a scope:</b> 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><b>What laws/regulations have caused the most problems?</b> 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."<br/> <a href="http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/cia/">www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/index.html?redirect=/cia/</a></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> |   |                           |                           |                                |
| <b>Consumer complaint filed?</b>  | No = 73<br>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