

American Society for Clinical Laboratory Science

October 18, 2013

EAIC Attn: Pat Murdo P.O. Box 201706 Helena, MT 59620

Delivered by email to: pmurdo@mt.gov

Dear Senator Tutvedt and EAIC Committee Members,

As the EAIC conducts its review of licensing boards in the state of Montana, the American Society for Clinical Laboratory Science (ASCLS) is writing to express our strong support for licensure of Clinical Laboratory Scientists, Specialists and Technicians in Montana. ASCLS is the nation's oldest and largest non-registry professional association representing over 300,000 non-physician laboratory professionals. The Society's primary mission is to enable its members to provide quality services for all consumers through the promotion of professional competence and high standards of practice in laboratory and healthcare settings. Our membership of 9,000 includes clinical laboratory directors, managers, administrators, supervisors, hematologists, immunologists, educators, clinical chemists, microbiologists, molecular biologists, and staff at all levels of practice.

ASCLS has long supported licensure of laboratory professionals to assure high quality laboratory services for the public. As has been the case with most other health care professionals, i.e. physicians, nurses, pharmacists, physical therapists, etc., states institute licensing statutes for laboratory professionals to protect the public from unlicensed individuals who do not meet predetermined education and competencies. Licensing statutes have successfully ensured that only individuals meeting those standards are allowed to practice.

In the medical/clinical laboratory practice, federal legislation known as CLIA '88 was enacted by Congress to protect the public from fraudulent and poor laboratory practice. Unfortunately the rules and regulations in place focused almost entirely on the laboratory\ facility and never established adequate regulations for laboratory personnel. Therefore under this federal law, the majority of laboratory testing can be conducted by a high school graduate who has been trained on the job. The prospect of a teenager providing the test results that would diagnose a patient's leukemia is the impetus for licensure at the state level.



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The profession of medical/clinical laboratory science has a long tradition of certification of individuals at the conclusion of their education and training to verify their competency to practice and serve patients. However certification is a voluntary process and no individual graduating from the education programs in this country are required to take the exam. In addition, most hospitals and other healthcare institutions do not require certification as a condition of employment. Therefore without licensure there are no safeguards to ensure that our loved ones will receive accurate and reliable information about their health status, their prognosis or their therapy.

Licensure in the state of Montana has and will continue to:

- Protect the public from substandard care and consequences of inaccurate results
- Set standards that must be followed to assure quality and consistent laboratory testing
- Define the scope of practice of the profession
- Facilitate an effective response in disaster preparedness by assisting in the identification, locating and mobilization of needed clinical laboratory professionals

Reliable laboratory test results are central to quality health care delivery and competent clinical laboratory professionals are central to providing quality laboratory testing. CMS reports have demonstrated that the accuracy and precision of laboratory testing is inconsistent across different sites of care, and link many of the failures in quality to untrained personnel. Often the personnel performing testing have not been formally and appropriately educated to provide reliable testing. The licensure regulations in Montana ensure that the citizens of this state are safe from inadequately educated individuals performing their laboratory tests and will not be subject to the variability of care documented by CMS.

We urge the committee to keep the fact that medical care cannot be delivered without quality laboratory services in mind as they review the licensure status of the vital health care providers.

Sincerely,

J.R. Constance, President

ASCLS