

Photocopy and Use Authorization

In presenting this thesis in partial fulfillment of the requirements for an advanced degree at Idaho State University, I agree that the Library shall make it freely available for inspection. I further state that permission for extensive copying of my thesis for scholarly purposes may be granted by the Dean of the Graduate School, Dean of my academic division, or by the University Librarian. It is understood that any copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Signature _____

Date _____

The Case for Licensure of Medical Laboratory Professionals in the State of Idaho

by

Debra Shell, MLS (ASCP)^{CM} SM,DLM

A thesis submitted in partial fulfillment of the requirements

for the degree of Master of Science in the Department

of Medical Laboratory Sciences

Idaho State University

Spring 2021

Copyright (2021) Debra Shell

To the Graduate Faculty:

The members of the committee appointed to examine the thesis of Debra Shell find it satisfactory and recommend that it be accepted.

Rachel Hulse, EdD, MLS (ASCP)^{CM}

Marjorie Montanus. MS, MLS (ASCP) SBB

Cynthia Blanton, PhD, RDN, LD-Graduate Faculty
Representative

Acknowledgements

I would like to thank Dr. Rachel Hulse, Program Director of the Idaho State University Medical Laboratory Science Program, for her encouragement and patience while I worked on this degree. I would also like to thank Dr. Kathleen Spiegel for sharing her incredible knowledge and for her hard work in promoting this profession over many decades. Finally, I would like to thank my husband, David Shell, for his patience and understanding while I sat at the computer instead of doing any one of a number of things that needed done at home. All of you, and many others, contributed to making this work possible.

TABLE OF CONTENTS

List of Tables	viii
List of Abbreviations	ix
Abstract	1
Chapter I: Introduction	1
Statement of Need.....	1
Definitions	4
Assumptions and Limitations	5
Significance	5
Chapter II: Literature Review	7
Medical Laboratory Science Profession.....	7
Licensure vs. Certification.....	8
Medical Laboratory Science Licensure vs. Certification	9
Present Status of medical Laboratory Science Licensure	12
Evidence for Licensure	14
Legislative Process for Acquiring State Licensure	16
Summary	17
Chapter III: Methodology	18
Study Design.....	18
Setting.....	18
Ethical considerations	18

Timeline	19
Methodology summary	20
Chapter IV: Results and Discussion.....	21
Chapter V: Conclusions.....	26
Appendices	32
Appendix A: MLS Licensure Educational Material	32
Appendix B: Bill RS25148.....	39
Appendix C: Idaho House Health and Welfare Committee Meeting Minutes.....	50

List of Tables

Table 3.1	Timeline and items necessary to introduce a bill to Idaho’s state legislature.....	19
------------------	--	----

List of Abbreviations

ASCP	American Society for Clinical Pathology
ASCLS	American Society for Clinical Laboratory Science
BOC	Board of Certification
BOR	Board of Registry
CLS	Clinical Laboratory Scientist
CLT	Clinical Laboratory Technician
IHA	Idaho Hospital Association
IMA	Idaho Medical Association
MLS	Medical Laboratory Scientist
MLT	Medical Laboratory Technician
MT	Medical Technologist
NAACLS	National Accrediting Agency for Clinical Laboratory Sciences
PT	Proficiency testing
SD	Standard deviation

The Case for Licensure of Medical Laboratory Professionals in the State of Idaho

Thesis Abstract – Idaho State University (2021)

The need for state licensure in the medical laboratory profession has been the subject of debate for many decades. Major issues include: patient safety, quality of testing, appropriateness of qualifications, scope of practice, professional recognition, impact on wages, limited state-to-state mobility, and personnel shortages. The majority of laboratory analyses are performed in states that do not require a licensure. Many healthcare facilities prefer national certification for employment, but, as this is not required, facilities are free to forego certification requirements. This thesis provides a review of the literature with evidence for the importance of requiring a license for clinical laboratory practice by comparing the quality of results in clinical laboratories requiring certification vs. those that do not employ certified laboratory personnel. This thesis will also demonstrate the methods and efforts made in an effort to obtain licensure for laboratory professionals in the State of Idaho.

Key Words: Licensure, certification, medical laboratory science, clinical laboratory science

Chapter 1: Introduction

Statement of Need

Medical Laboratory Scientists (MLS), sometimes referred to as Clinical Laboratory Scientists (CLS) or Medical Technologists (MT), are highly trained professionals responsible for laboratory testing in clinical settings. They are essential healthcare providers who aid in the diagnosis and treatment of disease. Their work spans the areas of hematology, chemistry, urinalysis and body fluids, transfusion medicine, immunology, and microbiology. Incompetence in the performance of laboratory testing or interpretation of test results leads to increased patient morbidity and mortality. Despite the critical nature of their work, laboratorians are often overlooked or unrecognized as part of the healthcare team. Lack of understanding of this profession may lead to dangerous policies. In the best interest of patients, it is critical that MLS professionals are trained and educated effectively.

One way that healthcare professionals have safeguarded patients is by requiring certification and/or licensure in order to work in a clinical setting. “The majority of U.S. health professionals are licensed...” (Institute of Medicine, 2003). The majority of the current workforce in clinical laboratories across the United States practices without state licensure. Many hospitals employ certified laboratory personnel, but, without a requirement for a license to practice, this is not universal practice. Non-hospital locations with clinical laboratories (e.g., private reference laboratories, clinics, and physician offices) typically do not employ certified laboratory personnel, primarily to cut costs. A major concern for patient safety is the quality of laboratory results produced by personnel without certification or a license to practice.

Erroneous laboratory results can lead to increased healthcare costs, duplication in testing, misdiagnosis, delays in treatment, unnecessary or incorrect treatment, and increased patient morbidity and mortality.

The critical nature of laboratory medicine, combined with insufficient oversight and national personnel standards led the investigator to the following questions:

- Why is licensure for medical laboratory professionals important?
- Is there evidence to support the need for licensure?
- Do laboratorians want to be licensed?
- What are the barriers to implementing licensure in more states?
- What can laboratory professionals do to promote licensure?

This paper will address each of these questions in the course of its chapters, and will also describe the author's method and efforts to navigate state legislative requirements, while working with state legislators in an effort to gain clinical laboratory workforce licensure in the State of Idaho.

The following definitions are provided for context and clarity, and to eliminate ambiguity and alternative contexts.

Definitions

- **Certification** – a designation earned that validates that a professional has the education and training to perform special skilled tasks, usually as evidenced by successfully passing an exam
- **License** – government authority to perform a specific activity, granted by states
- **Proficiency testing (PT)** – external quality control using simulated patient samples, with results submitted to the PT provider for assessment of accuracy
- **Medical Laboratory Scientist (MLS)/Clinical Laboratory Scientist (CLS)/Medical Technologist (MT)** – professional designation for Bachelor's Degree-prepared and certified laboratory professionals
- **Medical Laboratory Technician (MLT)/Clinical Laboratory Technician (CLT)** – professional designation for Associate's Degree-prepared and certified laboratory professionals
- **Clinical Laboratory Improvement Amendments of 1988** – the current major federal regulations for the oversight of clinical laboratories

Assumptions and Limitations

This review is limited by the number of previous research studies performed to verify the assumption that greater personnel education and training yield better quality laboratory results. A significant limitation is that there are no recent studies verifying that assumption, with the latest study dated 2009. Furthermore, there are only a small number of graduate level MLS/CLS programs in the entire country, with the majority of educational programs being clinical rather than research-oriented. Higher education MLS faculty are also typically clinical, rather than tenure-track. As a result, there is a major deficit of relevant, published educational resources in the profession. An additional hurdle is due to the nature of legal implications and healthcare privacy laws. When egregious errors occur in the clinical laboratory that negatively affect patient outcomes, they are rarely published or brought to the public's attention. With this lack of data, combined with the public's lack of awareness of profession's roles and responsibilities, it is difficult to make a case for state licensure, despite its great importance.

Significance

Most members of the general public, and even many members of the healthcare team, are surprised to find that laboratory professionals are not licensed. It is generally assumed that all healthcare professionals must be licensed in order to practice. Ironically, it is also a common belief, again by the general public and some on the healthcare team, that little to no education is necessary to perform laboratory tests. Educating the public, as well as other healthcare professionals, about the complexity of laboratory testing and the need for advanced education and training could be a side benefit of licensure. This thesis will present the author's method

and efforts in attempting to obtain licensure for clinical laboratory professionals in the state of Idaho.

Chapter 2: Literature Review

Medical Laboratory Science Profession

Medical Laboratory Science, as a profession, is defined as those trained scientists who perform in vitro diagnostic and monitoring testing in several areas of a clinical laboratory. Clinical chemistry, hematology, immunology, immunohematology and microbiology testing specimens are analyzed to provide information to healthcare providers for the diagnosis and treatment of disease. Approximately 70% of diagnoses in acute care are informed by laboratory testing data (Forsman, 1996), and over four (4) billion laboratory tests are performed annually in the United States.

Clinical laboratories have long employed those with a variety of educational and training backgrounds, with smaller laboratories typically hiring less qualified individuals and larger hospital laboratories having a tendency to hire certified Medical Laboratory Scientists with at least a Bachelor's degree. As the profession developed over time, with an increasing number of analytes being tested and the testing methodologies becoming ever more complex, the need for more extensive education and training became apparent. Following that realization, the major certification agencies began to require a Bachelor's degree to qualify for the examination, with the primary route to certification being successful completion of an accredited Medical Laboratory Science program, and secondary routes allowing appropriate experience in a clinical laboratory and a Bachelor's degree in a related science. With this rapid expansion of testing, the scope of practice for Medical Laboratory Scientists has also expanded and become more highly complex. Appropriate training and education allow practitioners to

communicate with healthcare providers, assisting them in interpreting laboratory tests and deciding which additional tests should be performed to get the correct diagnosis.

Licensure vs Certification

Certification is defined as a credential earned by an individual that verifies knowledge or skill. Most credentials are received from nationally recognized and accredited certifying bodies (rather than government entities), and require an applicant to successfully pass an exam demonstrating that knowledge or skill. Some employers require employees in certain positions to be certified, while others do not require certification, but acknowledge that certified individuals are more knowledgeable.

Licensure is defined as the state-granted right to practice a particular discipline and restricts practice to those that are licensed, with the general purpose being public protection. Licensure also generally restricts the use of the professional name to those holding a license. “The general public does not have adequate information to judge provider qualifications or competence; thus professional licensure laws are enacted to assure the public that practitioners have met the qualifications and minimum competencies required for practice.” (Safriet, 1994) Licensure occurs on a state by state basis, with no option for a national license.

Licensure is common in healthcare, with most professionals required to hold a license to practice. Physicians, nurses, pharmacists, dietitians, social workers, and most other allied health professionals are required to be licensed to practice. Many of these professions require the applicant for licensure to pass a state board examination, similar to the exams required for certification. Only when the applicant passes the state examination is he or she allowed to

practice in the state. Some states allow reciprocity with other states, meaning that a license holder in one state may be allowed to practice in another state with a reciprocity agreement. Many states, however, require an applicant to pass that state's examination.

Beyond patient safety, licensure allows the professions licensed to know how many practitioners there are in the state, to have some control over who practices the profession, and allows incompetent practitioners to lose their license. With a requirement for continuing education, licensure also attempts to insure that that licensee maintains competency in the profession.

Medical Laboratory Science Licensure vs. Certification

Medical laboratory tests have been performed since the 1800's; however, it was not until 1928 that a formal process was established for verifying competency to perform those tests. In that year, the American Society for Clinical Pathology (ASCP) developed the first certification agency for laboratory professionals. The Board of Registry (BOR) was established as an "administratively independent certification agency to prepare relevant standards and develop procedures that will assure the competence of medical laboratory personnel" (<https://www.ascp.org/content/board-of-certification/about-boc/#governance>), and the organization was originally known as the "American Registry of Medical Technicians". The exam, first administered in 1930, consisted of both written and practical examinations, and the professional designation Medical Technologist, or MT(ASCP) came about in the 1940's. In the 1960's, the BOR added a requirement for 3 years of college to qualify for entrance into an acceptable school. In the 1970's, the BOR gained independence from ASCP. In the 1990's,

computer-adaptive exams for certification were developed. In the 2009, the Board of Registry and the National Certification Agency for Laboratory Personnel (one of the other major certification agencies for laboratory professionals) merged, resulting in a new name for the organization: the Board of Certification (BOC). The merger also added a requirement for continuing education to renew certification and a new professional designation for Bachelor's degree level certification: Medical Laboratory Scientist (MLS). By the 2010's, 23 certifications for a variety of laboratory-related healthcare professionals had been developed, and nearly 600,000 certificates have been awarded in the history of the organization. Currently, the ASCP Board of Certification is the gold standard of certification for medical laboratory professionals world-wide. Other certification agencies exist, including American Medical Technologists (AMT) and AAB Board of Registry. These certification allow lower educational and training standards to become certified and are not as well-recognized and well-regarded in the industry.

Licensure for medical laboratory professionals has been an issue under debate for many decades. While a few have required a license to practice for many years, currently only 10 states and Puerto Rico require laboratorians to be licensed to practice. Despite lengthy and costly pursuits for licensure in several states, none have been successful in the last 15 years.

Interestingly, the Idaho Bureau of Laboratories recognized the need for some type of regulation over the performance of laboratory tests in physicians' office laboratories very early on. "Rules and Regulations Governing Quality Control and Proficiency Testing for Idaho Clinical Laboratories" were approved in April, 1976. Those regulations required each laboratory, including private physicians' office laboratories, to have a quality control (QC) program; to subscribe to a proficiency testing (PT) program and document any corrective action necessary;

to maintain records of test results, QC, PT, and personnel performing testing; and, to have a quality assurance program that included preventive maintenance to ensure proper functioning of instrumentation.

After implementation of these regulations and collection of data, significant testing error rates for a number of analytes were observed. In April, 1977, a formal study was initiated to identify problem areas in laboratories. "It was noted, however, that 70% of the technologist-supervised laboratories maintained an acceptable quality control program and records as evaluated by a quality control questionnaire. In contrast, only 26% of laboratories supervised by nurses and 42% of those supervised by 'others,' including staff trained on the job (OJT), were found to have acceptable programs and records."

The Laboratory Improvement Section of the Idaho Bureau of Laboratories used these results as the basis for a physician office laboratory, on-site consultation program, and a second study that prescribed bimonthly consultation visits for one group and consultation visits at the beginning of the study period and at the end of the study period for a second group was initiated. Although the group that had more frequent consultation visits was found to have fewer deficiencies than the group only visited twice, both groups improved compliance with quality assurance. However, improved proficiency testing performance was found only for those laboratories visited more frequently, with little change in those laboratories visited only twice. For example, technologist-supervised laboratories maintained proficiency performance in microbiology, while proficiency testing in laboratories supervised by non-technologists (OJT's and nurses) were found to be unacceptable. (Crawley, R. et al, 1986).

These studies demonstrated that nonprofessional laboratorians (nurses and OJT's) did not perform at the same level as educated and trained technologists in several aspects of laboratory practice. These findings led to a proposed requirement for consultation for all laboratories employing noncertified staff, with consultations to be performed by certified laboratory professionals. However, with the passage of the federal Clinical Laboratory Improvement Amendments of 1988, this consultation program was never implemented.

Challenges leading to staffing clinical laboratories with non-certified personnel in Idaho include its rural nature, a lack of higher education degrees when compared to other states, a perceived need to economize on staffing expenses, and a general non-regulatory environment in the state. Hospitals and clinics in small, rural towns are limited in the number of qualified healthcare professionals available for employment. Often, when residents leave a small town to get the college education needed to practice, they don't return to that small town. Idaho is significantly challenged when encouraging high school students to continue their education: Idaho's "go-on rate" (percentage of Idaho high school students entering college immediately after graduation) is only 45%, despite a multi-million dollar campaign to encourage students to continue their education.

Present Status of Medical Laboratory Science Licensure

As previously mentioned, clinical laboratory licensure varies widely across the country. The requirements for licensure are also somewhat diverse. The following is a summary of the current status of licensure in the United States, and some of the respective requirements.

A) States/Territories requiring a license to practice:

- a. California: In addition to passing the approved certification exam and the online quiz regarding California state law, the applicant must meet California education and training standards in order to be eligible for a California state license; 24 continuing education hours are required every two years
- b. Tennessee: National certification exams recognized. No continuing education requirements
- c. Florida: National certification exams recognized. 24 continuing education hours required bi-annually
- d. Louisiana: National certification exams recognized. 12 continuing education hours required annually
- e. West Virginia: National certification exams recognized. 10 continuing education hours required annually.
- f. North Dakota: National certification exams recognized. 20 continuing education hours required every two years
- g. Nevada: National certification exams recognized. 10 continuing education hours required annually
- h. Hawaii: ASCP BOC certification exams recognized. No continuing education requirements
- i. Montana: National certification exams recognized. 14 continuing education hours required annually

- j. New York: National certification exams recognized. Additional education requirements must be met. No continuing education requirement
 - k. Puerto Rico: National certification exams recognized. 36 continuing education hours every 3 years
- B) Georgia, until this year, had clinical laboratory facilities licensure, with a personnel component that requires certification. That law was repealed.
- C) Rhode Island's licensure statutes, in place since the 1980's, were removed at the direction of the Governor in (2015). Efforts to renew this legislation have been unsuccessful to date.
- D) All other states do not require a license to practice. Recent efforts (1990's and 2000's) to pass licensure bills have occurred in Minnesota, Texas, Missouri, Virginia, and Idaho. None have been successful to date, and most efforts have subsided.

Most states requiring a license to practice use documentation of national certification as the means to acquire a license. Only California administers its own licensure examination for the Medical Laboratory Science profession.

Evidence for Licensure

Studies have documented differences in the accuracy of results based on the level of education and training of laboratory personnel (Lunz, 1987; Delost, 2009) and on testing site (Stull, 1998). Other studies list licensing or certification of laboratory personnel as a factor in the quality of results (Carraro, 2007; Hammerling, 2012).

The most direct evidence is documented in two studies that compared accuracy of laboratory results in laboratories employing certified laboratory professionals vs. those employing only noncertified personnel. Lunz, et al compared the results of College of American Pathologist (CAP) proficiency testing (PT) by eight (8) laboratories employing only noncertified personnel with twenty-one (21) laboratories employing only certified personnel. Accuracy score for those laboratories employing certified personnel was 95% (SD=4%) while that score for laboratories employing noncertified personnel was 75% accuracy (SD=30%). The investigators concluded “The mean accuracy scores confirm that laboratories employing no certified technologists produce unacceptable results on CAP surveys approximately one in four times.”

A second study (Delost, 2009) also compared proficiency testing errors. After comparing PT results from 6 clinical laboratories in northeastern Ohio and western Pennsylvania (3 hospital laboratories, 2 physician office laboratories, and 1 reference laboratory), conclusions included the significance of CLS education. “These results suggest that to maintain quality and minimize laboratory errors, clinical laboratories should hire staff who have completed an accredited MT/CLS or MLT/CLT program, rather than laboratory staff with other educational backgrounds.”

Studies have also confirmed differences in accuracy based on testing site. This is important because smaller laboratories are more typically staffed by noncertified personnel. These would include small clinics, physicians’ office laboratories, and small, private reference laboratories. In these facilities, it is much more common to find on-the-job trained laboratorians who have been trained by a predecessor, a vendor, a physician partner in the clinic, or several other untrained individuals. “The absence of a laboratory professional in a

testing site may leave the site in the undesirable position of having the best of intentions, but a lack of expertise to carry the intentions to fruition.” (Stull, 1998) Results of this study again demonstrate the connection of high quality results at sites with educated and trained personnel (typically hospitals and larger reference laboratories) and poorer quality results at sites with inadequately trained personnel (typically small clinics, physicians’ offices and small reference laboratories).

Again, these results suggest that to maintain quality and minimize laboratory errors, clinical laboratories should hire staff who have completed an accredited MT/CLS or MLT/CLT program, rather than laboratory staff with other educational backgrounds. The literature, although limited, clearly demonstrates the need for clinical laboratory professional licensure. However, in order to obtain licensure, a knowledge of the legal and political processes are necessary.

Legislative Process for Acquiring State Licensure

Each state has its own process for passing any legislation, including legislation that would require a profession to be licensed to practice. Most require draft legislation to be sponsored by at least one legislator, who is the chief legislative advocate and presents the bill for consideration, with introduction into a Committee of jurisdiction of either the House or Senate. Generally, Committee hearings are held, allowing for public testimony by those both in favor and opposing the legislation, with a subsequent vote of the Committee either to forward the legislation to the full House or Senate for a vote, or to hold the legislation in Committee, thus defeating the proposal. In some states, legislation must pass through several committees

before the proposed bill is forwarded to the full House or Senate. If proposed legislation is passed by both House and Senate, it is generally forwarded to the governor of the state for his or her signature, which allows it to become law. Once a new law takes effect, regulations are then written on how to enact the law, usually setting up a licensure board, defining the requirements to obtain a license, setting fees, and setting conditions for removal of a license.

The process of getting licensure legislation passed is generally lengthy and expensive. Typically for Medical Laboratory Science licensure, a model bill is used as a template for the development of legislation, using licensure acts in other states as models that are then adapted to fit the state. Finding a legislative sponsor is essential, with bi-partisan sponsors preferred, so that the pursuit can be party neutral. Lobbyists have been hired by some states at great expense to assist with the process, as they have numerous relationships with legislators and others that can further the possibility of obtaining licensure.

Summary

Although literature giving evidence that licensure should be required is sparse, the studies that do exist are conclusive. Laboratory staff with appropriate education and training clearly perform more accurate testing than those that are trained on the job with minimal to no post-secondary education.

Chapter 3: Methodology

Study Design

The study design for this thesis is a combination of a licensure-related categorical meta-analysis of the literature, combined with legislative action that includes writing legislation, educating the workforce, collaborating with stakeholders, obtaining sponsorship for the bill, lobbying, and testifying before legislative committees.

Setting

The methodology for this thesis was performed in the state of Idaho. It involved collaboration from the American Society for Clinical Laboratory Science – Idaho chapter, Idaho state legislators, the Idaho State University Medical Laboratory Science Program, and MLS professionals in the state of Idaho.

Ethical Considerations

All participation in the legislative efforts presented in this thesis were voluntary. Participants were aware that they could withdraw their participation at any time with no repercussions. Additionally, no monetary incentive was given to any participant for their efforts in lobbying for Idaho MLS licensure. No alternative benefit was obtained by the participants. The author obtained an IRB waiver as non-research, and no harm was expected for participation in these legislative efforts. Due to the nature of sponsoring bills in the state legislature, anonymity was not an option for the sponsoring lawmaker.

Timeline

The following presents the outline for this paper's process (Table 3.1) in creating a legislative bill, lobbying and obtaining sponsorship to present licensure to the Idaho state legislature:

Table 3.1

Timeline and items necessary to introduce a bill to Idaho's state legislatures

Year	Month	Action Item
YEAR ONE		
	<u>Months 1-3</u>	<p>Gather resources: model licensure bill, copies of licensure laws from states with licensure, research studies proving the need</p> <p>Gather professionals: identify a leader and several others committed to a possible lengthy process</p> <p>Begin educating the laboratory workforce to gain their support: town hall meetings, Zoom meetings, newsletter articles, postings on organization's website</p> <p>Communicate via as many routes as possible the reasons for pursuing legislation and the timeline for doing so</p>
	<u>Months 4-6</u>	<p>Draft legislation using model bill and other state licensure laws</p> <p>Consider hiring a lobbyist</p> <p>Search for legislative sponsor(s)</p> <p>Continue education of the workforce to gain support</p> <p>Continue to communicate with laboratory professionals via as many routes as possible</p> <p>Search for organizations and persons of influence to support the licensure bill</p>
	<u>Months 6-12</u>	<p>Hire lobbyist</p> <p>Identify legislative sponsor(s)</p> <p>Develop talking points</p> <p>Draft testimony</p>

YEAR TWO	<u>Months 1-3</u>	<p>Submit draft bill to legislature</p> <p>Recruit laboratory professionals to contact their legislators to support the bill when it comes up for vote</p> <p>Attend committee hearing to testify in support of the bill</p> <p>Meet with lobbyist and sponsor(s) if any revisions are needed</p>
-----------------	-------------------	---

Methodology Summary

Following a substantive literature review, key stakeholders were gathered in the collaboration of assembling all information and gaining the support necessary in drafting a bill. Key stakeholders included the author of this paper, the Idaho chapter of American Society for Clinical Laboratory Science, the ISU MLS academic program, and the MLS professional body in the state of Idaho. Information about licensure efforts was disseminated through emails, meetings, and newsletters provided by these key stakeholders (Appendix A). Education about licensure was provided to the MLS professionals throughout the state, with ample opportunity to give feedback and/or voice contradiction to the effort.

Based on the support and feedback gathered, the stakeholders decided to move forward with licensure efforts. Next, sponsorship was obtained with Representative Phylis King, a state legislator who was willing to bring a MLS licensure bill before the Idaho State Legislature for a vote. Bill RS25148 was drafted and submitted (Appendix B). A motion was made by the Idaho House Health and Welfare Committee to hear the bill on February 13, 2017. The bill was introduced, the vote was nay. Meeting minutes were recorded and published (Appendix C).

Chapter 4: Results and Discussion

The successful pursuit of licensure for medical laboratory professionals is a difficult challenge in the current legislative atmosphere. A tendency for many legislative bodies to shy away from implementing new regulations makes adding licensure a significant challenge. Lack of awareness of the profession's complexities by the public, the healthcare team and legislators in particular makes obtaining licensure even more difficult.

Significant challenges in the medical laboratory science profession contribute to the difficulties in obtaining licensure. Most would say that lack of recognition for the complexity of the work they do is the most significant challenge in the profession. Lack of recognition leads to lower salaries, greater difficulties in recruiting new professionals and retaining current ones, and a general feeling that the work of laboratorians is not appreciated or valued. Although many professionals have a passion for the work they do helping patients and solving medical mysteries, long-term lack of appreciation makes it difficult for some to support licensure or even remain in the profession.

In addition, knowledge about the difference between certification and licensure, as well as what is required in which setting is sorely lacking. There is a great deal of confusion about the qualifications required to work in a clinical laboratory, with no central location where the correct information can be found. Misperceptions about the appropriateness for allowing on-the-job trained personnel with as little as a high school diploma abound, contributing to a lack of consensus in the profession about what the qualifications should be, or if there should be any qualifications at all.

In order to obtain licensure in the state of Idaho, one must first navigate the legislative process. In the early 1990's, the Idaho chapter (ISMT) of the American Society for Medical Technology (ASMT) drafted a licensure bill based on a model bill provided by ASMT and hired a lobbyist to assist with passing the legislation. Numerous town halls to educate laboratorians about licensure were held across the state, and the bill was accepted by the Idaho House Health and Welfare Committee for testimony. Several laboratory professionals and one pathologist testified about the need for licensure, citing patient safety as the primary purpose. The Idaho Medical Association (IMA) and the Idaho Hospital Association (IHA) both testified against the legislation, and the bill died in Committee. However, some members of the Committee stated that they could see the reason for licensure, and asked the ISMT group to work with the IMA and the IHA, to come up with compromises in the legislation with which all groups could agree. ISMT members spent the following year re-drafting the bill after meeting with representatives from both IMA and IHA. The bill was re-submitted the following year, but was not put on the House Health and Welfare Committee's agenda. At that time, it was decided that the legislative climate in the Idaho legislature was not favorable for the passage of licensure bills, and the efforts were tabled.

In the early 2000's, several licensure bills passed in Idaho (midwives, genetic counselors, massage therapists), and it was felt that it might be a good time to revive licensure efforts for medical laboratory professionals. A former certified Medical Technologist and legislator from the Boise area, Representative Phylis King (D-District 18) offered to sponsor the legislation and assisted ASCLS-Idaho (formerly ISMT) in drafting a licensure bill and getting input from many stakeholders in the process. The bill was accepted by the House Health and Welfare Committee

in February of 2017, and several laboratory professionals testified about the need for licensure. Several patient anecdotes were revealed to the Committee as evidence of the need for licensure. Again, the IMA and the IHA, as well as the Idaho Freedom Foundation, testified against the bill, and the bill died in Committee.

In 2017, acting Governor Brad Little requested a review of all licenses in the state of Idaho, a project that would take approximately one year, with the purpose of determining if the requirements for licensure for some occupations were too strict and unnecessarily limited job opportunities. Each Idaho licensing Board was required to submit information about the number of licensees, the cost, requirements to obtain a license, why licensure was necessary, and several other factors. At the end of the year of data collection, the data was compiled, and The Licensing Freedom Act Report and Recommendations was released in October, 2018. It was determined that Idaho has 440 occupational license types, with 204,000 licensees paying an average of \$161 for a license. Little stated the results would be used by policy makers for possible changes in how various occupations are licensed. It was not clear if that would mean easing some licensing requirements or making some licenses more difficult to get.

Not only is it difficult for states without licensure to get new license requirements passed, some states that have had licensure for many years are being threatened with the loss of the requirement to be licensed or have already suffered that loss. Rhode Island's licensure law was put on a sunset list of several licensing laws in 2015 by the state's governor, and despite ongoing efforts by ASCLS members to regain a requirement for licensure, they have not been successful. Tennessee has required licensure for many decades, and is looked at as one of the states to emulate when other states pursue licensure. Owners and directors of private

clinical laboratories have recently asked the legislature to exempt all private laboratories (including hospital laboratories) from the requirement to hire only licensed individuals. Despite ASCLS members' and other professionals' efforts to defeat the legislation, including a proposal granting a temporary waiver for uncertified, but Bachelor's degree prepared individuals, to practice if they are supervised by a licensed practitioner, this legislation is likely to pass. And, although Georgia did not have personnel licensure, their facilities licensure laws had a personnel component that required certification. That law has been repealed, so there is no current requirement for certification in that state.

A review of the literature, along with personal experiences and anecdotes are the basis for this paper. The need for state licensure in the medical laboratory profession has been the subject of debate for many decades. Concern about patient safety and the quality of tests results has been the major driver for the pursuit of licensure in several states, but without significant data to prove there is a problem, it is very difficult to get licensure laws passed. Numerous anecdotes of misdiagnosis and incorrect treatment are available, but without studies to prove the depth of the problem, legislators don't see the need for additional government regulation. In fact, some states are looking at loosening requirements for licensure or eliminating licensure entirely.

Because of the legislative environment at that time that endorsed less regulation, ASCLS-Idaho determined that pursuit of licensure would not be productive, and, with the recommendation from a future possible legislative sponsor (the previous sponsor had retired from the Legislature), decided to put any further licensure efforts on hold.

In order to pursue licensure in the future, ASCLS-Idaho currently joins the Idaho chapter of the American Nurses Association for a lobby day in the Idaho Capitol rotunda each February during the Idaho legislative session. This gives ASCLS-Idaho members an opportunity to speak with legislators about licensure for the profession, and an opportunity to demonstrate some of the work laboratorians do by having microscopes, images of cells, and brochures about working in a clinical laboratory.

ASCLS-Idaho also sponsors an Idaho Legislative Symposium each year for laboratory professionals. This activity provides an opportunity to learn about current legislative activity at both the federal and state levels, as well as to share information that may assist in a future pursuit of licensure.

Another avenue for future assistance in passing licensure legislation is to recruit patient advocacy organizations to support the need for a license. Patients who need frequent medical care often are much more aware of the need for accurate and reliable laboratory testing. They come to value the importance of having the right test done at the right time by someone who is trained to perform testing with the highest accuracy and precision. The American Association for Retired Persons (AARP) and the Consumer Federation of America have been suggested as possible organizations that may support high quality testing performed by licensed and certified laboratory professionals.

Chapter 5: Conclusions

The need for licensure for medical laboratory professionals in Idaho has been under debate for many years. Patient safety is the primary concern when citing reasons that licensure is important. Anecdotal evidence of compromises in patient diagnosis and treatment is relatively easy to find, but generally insufficient to prove the case for licensure. Available peer-reviewed research documenting the need for a license to practice medical laboratory science is limited, and is likely a primary reason why convincing legislators that licensure is necessary can be difficult.

The few studies available have been discussed in this thesis, and are good evidence that education and certification make a difference in the quality of patient testing. However, they are not current, generally have small sample sizes, and are based on proficiency testing, just one aspect of patient testing.

Medical laboratory professionals are not always entirely supportive of licensure. Despite complaints of lack of recognition and concern about being seen as “button-pushers”, they are not in agreement that licensure may at least partially remedy those concerns. As might be expected, professionals already holding degrees and certifications, are much more likely to favor licensure than those who are on-the-job trained.

The current political climate for less regulation, both federally and in many states, is the major contributor to the difficulty in implementing licensure in more states. Despite evidence that patient safety is compromised when unqualified personnel perform laboratory tests, the sentiment against adding more regulations outweighs that data. The lack of public awareness

of the medical laboratory science profession and its importance in quality healthcare, is also a key barrier.

Promotion of the profession is key in promoting the need for licensure. Only with increased public, healthcare staff, and legislative awareness of the complexity of the work of medical laboratory professionals will there be an acknowledgment that licensure is critical to the quality of patient healthcare. Laboratory professionals must be ready to explain the profession to anyone who asks in a way that helps them understand the critical nature of laboratory work. They must be available to high school science classes and college career fairs to increase awareness of the profession. And, they must be willing to develop relationships with state legislators, and educate them about the need for greater patient safety by licensing medical laboratory professionals.

References

- Almost anyone can perform your medical laboratory tests – wait, what? Retrieved from <https://www.elsevier.com/connect/almost-anyone-can-perform-your-medical-laboratory-tests-wait-what>
- Anderson-Young S. (2004). Body of Knowledge. The American Society for Clinical Laboratory Science, McLean, VA: CD publication.
- ASCLS Position Papers. Laboratory Personnel Licensure. (2006, July). Retrieved from <https://ascls.org/position-papers/176-laboratory-personnel-licensure/152-laboratory-personnel-licensure>
- ASCLS Position Papers. Scope of Practice. (2012, February). Retrieved from <https://ascls.org/position-papers/188-scope-of-practice/164-scope-of-practice>
- CAP Documents. (2008). Retrieved from <https://documents.cap.org/documents/model-criteria-state-licensure-clinical-lab-personnel.pdf>
- CAP Documents. (2008). Retrieved from <https://documents.cap.org/documents/2008-scope-practice-fags-clinical-lab-personnel-licensure.pdf>
- Carraro, P., Plebani, M., Errors in a stat laboratory: types and frequencies 10 years later. *Clin Chem.* 2007;53:1338-1342.
- Crawley, R., Belsey, R., Brock, D., Baer, D. Regulation of physicians' office laboratories. *JAMA.* 1986;255:374-382.

- Delost, M., Miller, W., Chang, G., Korzun, W., Nadder, T. Influence of credentials of clinical laboratory professionals on proficiency testing performance. *Amer J of Clin Path.* 2009;132:550-554.
- Forsman, R. Why is the laboratory an afterthought for managed care organizations? *Clin Chem.* 1996;42:813-816.
- Hammerling, J. A review of medical errors in laboratory diagnostics and where we are today. *Laboratory Medicine.* 2012;43:41-44.
- Hurst, J., Nickel, K., Hilborne, L.H. Are physician office laboratory results of comparable quality to those produced in other laboratory settings? *JAMA.* 1998;279:468-471.
- Institute of Medicine. 2003. Health Professions Education: A Bridge to Quality. Washington DC: National Academy Press.
- Kurec, A. Professionalism and licensure – the debate continues. *Clin Leadersh Manag Rev.* 2006;20:E1.
- Lunz, M., Castleberry, B., James, K., Stahl, John. *The impact of the quality of laboratory staff on the accuracy of laboratory results.* *JAMA.* 1987;258:361-363.
- Lunz, M., Castleberry, B., James, K. Laboratory staff qualifications and accuracy of proficiency test results. *Arch Pathol Lab Med.* 1992;116:820-824.
- Mass, D. Pro: Licensure Necessary in the Clinical Laboratory. *Clin Leadersh Manag Rev.* 2006;20:E2.

Mohammedsaleh, Z., Mohammedsaleh, F. A review article of the reduce errors in medical laboratories. *Global Journal of Health Science*. 2015;7:46-51.

Moriarty, A., DuBray-Benstein, B. (2005, January). The upsides and downsides of state licensure for cytotechnologists. *CAP Today*, 19,1.

Professional Certification Coalition Frequently Asked Questions. Retrieved from <https://www.profcertcoalition.org/faqs>

Professional Certification Coalition White Paper on Private Professional Certification. Retrieved from <https://www.profcertcoalition.org/sitefiles/25185/pcc%20white%20paper%20on%20private%20professional%20certification.pdf>

Safriet, B. Impediments to progress in health care workforce policy: License and practice laws. *Inquiry* 1994;31 (3):310-317

Scanlan PM. (2013). A Review of Bachelor's Degree Medical Laboratory Scientist Education and Entry Level Practice in the United States. *EJIFCC*,24(1), 5–13.

State mandated licensure of laboratory personnel: What are the pros and cons? What is the current legislation? *Laboratory Medicine*. 2004;35:595-598.

Steward, C., Schulze, M. ASCP survey on Laboratory Personnel State Licensure. *Laboratory Medicine*. 2005;36:524-527.

Stull, T., Hearn, T., Hancock, J., Handsfield, J., Collins, C. Variation in proficiency testing performance by testing site. *JAMA*. 1998;279:463-467.

Sutherland, K., Leatherman, S. Does Certification Improve Medical Standards? *BMJ*. 2006; 333(7565): 439–441.

What is Licensure? Retrieved from

[https://digitalcommons.unl.edu/cgi/viewcontent.cgi?referer=https://www.google.com/
&httpsredir=1&article=1004&context=buroslicensure](https://digitalcommons.unl.edu/cgi/viewcontent.cgi?referer=https://www.google.com/&httpsredir=1&article=1004&context=buroslicensure)

APPENDIX A

MLS Licensure Educational Material

Our Goal: Patient Safety

The laboratorian's duty to their profession today is to focus on public safety by informing their legislators of the importance of state licensure for Medical Laboratory Scientists.

The work they perform has a significant impact on public safety and public health and should be governed under the laws which safeguard the public health.



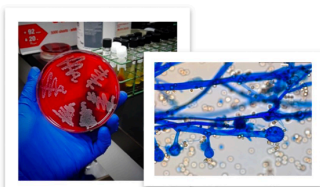
ASCLS-Idaho shares the mission and vision statement of our national organization which is to serve as the voice of all clinical laboratory professionals, creating a vision for the advancement of the clinical laboratory practice field, and advocating the value and the role of the profession ensuring safe, effective, efficient, equitable, and patient centered health care. We believe that Licensure for Laboratory Professionals will aid in this mission.

www.asclsidaho.org

LICENSURE OF MEDICAL LABORATORY SCIENCE PRACTITIONERS

Public protection and safety favors new chapter submission proposals to Title 54 of the Idaho Code





Clinical Testing in Microbiology

Medical Laboratory Scientists identify infectious versus non-infectious pathogens

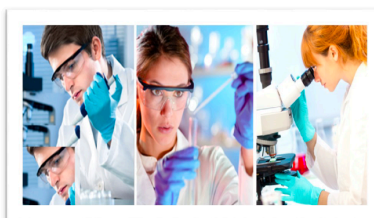
By nature, humans are colonized by a large number of different species of bacteria and yeast. Considerable skill is required in deciding which microbes are causing infection and which are normally present. Microbiology is not an automated, machine-driven department, thus, requiring MLS to be well-educated, properly trained, and competent to ensure patient safety in the hospitals and in the community.

Initially, clinical samples will most often be viewed under the microscope following staining to view types of human cells present (e.g. red and white blood cells) as well as bacteria and yeast. Manual methods are most common by traditional culture procedures, where the microbes are isolated in pure culture and identified further by chemical or molecular tests.

The diagnostic MLS are responsible for detecting and identifying disease-causing microbes in clinical samples and testing for susceptibility of the microbes to antimicrobial agents. The process for culturing and identifying such agents requires a unique skill set and techniques which must be performed methodically and correctly for the results to be of value to the physician and the proper treatment of the patient.

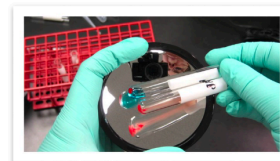
Licensure: Enhancing Quality Patient Care

- Medical diagnosis and therapy greatly depend on laboratory test results. Errors in testing expose patients to a significantly higher risk of inaccurate diagnosis and improper treatment. Without adequate training and licensure of laboratory personnel, the likelihood of inaccurate test results increases.
- A study of problems in laboratory testing in primary care estimates that more than 16% of incorrect test results effect patient care.
- Studies suggest that 70% of medical decisions are based on laboratory results. As such, the patient care impact from false results or poor quality testing may include:
 - * Delay in receiving appropriate care
 - * Possibility of inappropriate or harmful diagnoses or treatments resulting in injury or death.



Transfusion Medicine

The testing process in the clinical lab for patients receiving blood products is a life-saving task for medical laboratory scientists. Because transfusions in emergency situations occur, analysis using advanced scientific knowledge and techniques are necessary to allocate safe blood products for a patient as quickly as possible.



Fatal Consequences

A routine series of manually analyzed matching tests are performed prior to a blood transfusion in the laboratory, identifying the correct type and safest donor units to transfuse to a patient.

The results of the blood tests in the transfusion medicine department have potentially fatal consequences if not performed adequately.

Contact Us

Debbie Shell, MLS(ASCP)
5812 W. Buckskin Rd.
Pocatello, ID 83201

Phone: 208-863-6710
dmshell1707@gmail.com

www.asclsidaho.org

FREQUENTLY ASKED QUESTIONS

Who will have to be licensed to perform lab tests in Idaho?

Anyone that performs moderately or highly complex laboratory tests in Idaho will have to be licensed to perform those tests. That includes all settings where lab tests are performed, e.g., physician offices and clinics, hospitals, reference labs, etc. There will be a few exceptions, e.g., federal labs over which the state has no jurisdiction. Those facilities performing only waived tests will not have to employ licensed personnel.

How much will a license cost?

The fee for the license will be determined by the licensure board (which is established by the licensure legislation), and will only be enough to cover the expenses of granting the license, i.e., staff for processing, record-keeping and mailing, and periodic meetings of the licensure board. There will be no cost to the taxpayer to support the license.

Why is licensure important?

Passage of the proposed legislation will be a major step in achieving the quality standards for laboratory testing that we all desire. It will insure that patients can rely on their laboratory test results to be accurate, regardless of where the tests are performed. An added benefit is reduced healthcare costs by having fewer tests repeated to verify results, along with well-trained professionals to assist providers in ordering the right tests at the right time, and to assist in interpreting the results.

I'm already licensed in another state, but want to move to Idaho. Will Idaho recognize my license?

The proposed legislation allows for recognition of other state licenses, as long as those licenses have the same minimum requirements of a bachelors degree and specific national certification.

Will I have to take another test?

Idaho will not develop its own test, but will recognize specific national certification that requires a bachelor's degree. No additional exam will be required.

Will I lose my job if I am working in a lab now, but don't meet the qualifications for a license?

No one will lose their job when licensure is implemented. A “grandfather” clause, which states that those employed in a lab for a yet-to-be determined minimum amount of time, will be allowed 1 year to apply for and receive a license. After the first year of implementation, all applicants must meet the requirements for the license.

What's the problem – hospitals in Idaho have to hire certified personnel anyway?

This is a common misunderstanding. Idaho hospitals are free to hire personnel to do lab work that have only a high school diploma and meet CLIA requirements. They are not required to have any formal education or training beyond high school. In addition, hundreds of laboratory tests are performed every day in settings other than hospitals.

Will this precipitate a shortage, or make a current shortage worse?

Studies have shown that states with licensure do not have any worse shortages than states without licensure.

Will wages go up?

Again, studies have shown that wages are not significantly different in states with licensure vs. those without it.

I took a national certification exam – now I'm licensed. Right?

A national certification exam is a voluntary action that confirms that the certificant has had the education, training and experience to perform the activity. Licensure is a state-granted right to perform the activity for which you are licensed, while others that are not licensed are not allowed to perform that activity. Examples range from acting as a physician or serving as a hairdresser to driving a car or going fishing.

Licensure for Laboratory Professionals

Debbie Shell, BS, MLS(ASCP)^{CM} SM,DLM

National certification for laboratory professionals has been around since the 1930's, when The American Society of Clinical Pathologists first administered an exam for Medical Technologists, with successful candidates earning the designation MT(ASCP). A variety of other certification agencies developed national certification exams over the years, with varied qualifications to sit for their exams, ranging from a high school diploma to a Bachelor's degree. Some healthcare facilities required that laboratory professionals be nationally certified in order to be employed, while others did not. Because of the confusion about qualifications, certifications, and requirements for certification, some states decided to license laboratory professionals.

Currently, just eleven states and Puerto Rico require that laboratory professionals hold a license to practice laboratory medicine. A handful of states, including Idaho, have tried over the last several years to get licensing legislation passed, but none have been successful. The current environment in many states is to decrease the amount of regulation, rather than to increase it. However, most laboratory professionals feel strongly that patient safety and outcomes can be critically impacted by laboratory test results, and that it is important that the quality of test results be the highest possible. High quality results are most often attributed to education, training and experience.

Many hospitals in Idaho have made the decision to hire only nationally certified (or certification-eligible) laboratory professionals. However, many laboratory tests are performed in small hospitals and clinic/physician office settings that do not hold to this standard, and allow uneducated and untrained staff to perform laboratory testing. Our greatest concern, and the primary reason licensure is desirable for all personnel performing laboratory tests, is that the results produced by uneducated and untrained staff are often faulty and pose a great risk to patient safety and quality outcomes.

Medical Laboratory Scientists and Medical Laboratory Technicians are responsible for as much as 70% of the diagnostic information healthcare providers use to diagnose and treat their patients. If this laboratory information is inaccurate, patients may receive the wrong diagnosis and/or the wrong treatment, resulting in a poor outcome. Although statistical data is difficult to obtain, anecdotal information is abundant. The impact of incorrect laboratory test results ranges from the necessity of having testing repeated in a facility that employs qualified laboratorians (adding to healthcare costs) to serious morbidity and mortality. Many experienced laboratorians have encountered situations where patients have endured invasive procedures that were not necessary (e.g., bone marrow aspirates) or the stress of believing they have a terminal diagnosis when they did not, all based on faulty laboratory testing performed by uneducated and untrained laboratory staff.

Medical laboratory professionals are a key part of the healthcare team, supporting direct care providers with much of the information they need to care for their patients. Without standards in place to ensure

that laboratory test results are produced only by those that are educated and trained in the proper performance of this testing, patient health and safety are in great jeopardy. State licensure would require that minimum educational and training standards are met before any individual could practice laboratory medicine, ensuring high quality laboratory test results and better outcomes for patients.

For further reading about this issue:

<http://asclsidaho.org/idaho-licensure-information/draft-bill/>

<https://www.elsevier.com/connect/almost-anyone-can-perform-your-medical-laboratory-tests-wait-what>

Committee on Quality of Health Care in America. Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. Washington DC: National Academy Press; 2001.

Plebani, M. The detection and prevention of errors in laboratory medicine. *Ann Clin Biochem* 2010 Mar; 47:101-110.

Appendix B**Bill RS25148****STATEMENT OF PURPOSE****RS25148**

The purpose of this bill is to provide licensure for the practice of Medical Laboratory Science . It ensures that those working in medical laboratories are qualified to perform laboratory testing and all activities related to the analysis of materials derived from the human body.

The bill defines three categories of practitioners and their qualifications, fees for licensure, a medical laboratory board and its powers and duties, and the administration by the board through the Bureau of Occupational Licensing.

Laboratory test results provide information to primary care providers for the assessment, diagnosis, prevention, and treatment of a disease or impairment. By licensing laboratory practitioners, tests will be performed with the highest degree of professional competency by those engaged in providing laboratory services in Idaho.

FISCAL NOTE

There is no impact to the General Fund because all license fees are dedicated funds. The license will cost up to one hundred dollars (\$100.00) per practitioner for approximately one thousand (1,000) Medical Laboratory Scientists. The program will be self-sufficient.

Contact:

Representative Phylis K. King
(208) 332-1080

DISCLAIMER: This statement of purpose and fiscal note are a mere attachment to this bill and prepared by a proponent of the bill. It is neither intended as an expression of legislative intent nor intended for any use outside of the legislative process, including judicial review (Joint Rule 18).

RS25148



LEGISLATURE OF THE STATE OF IDAHO
Sixty-fourth Legislature First Regular Session - 2017



IN THE _____

BILL NO. _____

BY _____

AN ACT

1 RELATING TO LICENSURE OF MEDICAL LABORATORY SCIENCE PRACTITIONERS; AMEND-
2 ING TITLE 54, IDAHO CODE, BY THE ADDITION OF A NEW CHAPTER 58, TITLE 54,
3 IDAHO CODE, TO PROVIDE A SHORT TITLE, TO PROVIDE LEGISLATIVE INTENT,
4 TO DEFINE TERMS, TO REQUIRE LICENSURE, TO PROVIDE QUALIFICATIONS FOR
5 LICENSURE OF A MEDICAL LABORATORY SCIENTIST OR TECHNOLOGIST, TO PRO-
6 VIDE QUALIFICATIONS FOR LICENSURE OF A MEDICAL LABORATORY TECHNICIAN,
7 TO PROVIDE QUALIFICATIONS FOR LICENSURE OF A CATEGORICAL MEDICAL LAB-
8 ORATORY SCIENTIST, TO PROVIDE EXEMPTIONS, TO PROVIDE AUTHORITY FOR
9 ENDORSEMENT LICENSURE, TO PROVIDE FOR RENEWAL OF LICENSURE, TO ESTAB-
10 LISH FEES, TO PROVIDE FOR SUSPENSION AND REVOCATION OF LICENSURE AND
11 REFUSAL TO RENEW, TO PROVIDE APPLICATION OF DUE PROCESS PROCEDURES, TO
12 ESTABLISH THE MEDICAL LABORATORY BOARD AND TO PROVIDE FOR APPOINTMENT,
13 TO PROVIDE POWERS AND DUTIES OF THE BOARD, TO PROVIDE FOR EXPENSES AND
14 DISPOSITION OF RECEIPTS, TO AUTHORIZE ADOPTION OF RULES, TO SPECIFY
15 APPLICATION PROCEDURES AND TO PROHIBIT MISREPRESENTATION.
16

17 Be It Enacted by the Legislature of the State of Idaho:

18 SECTION 1. That Title 54, Idaho Code, be, and the same is hereby amended
19 by the addition thereto of a NEW CHAPTER, to be known and designated as Chap-
20 ter 58, Title 54, Idaho Code, and to read as follows:

21 CHAPTER 58

22 MEDICAL LABORATORY SCIENCE PRACTICE ACT

23 54-5801. SHORT TITLE. The provisions of this chapter shall be known
24 and may be cited as the "Medical Laboratory Science Practice Act."

25 54-5802. LEGISLATIVE INTENT. It is hereby declared to be a policy of
26 this state that the practice of medical laboratory science by health care
27 professionals affects the public health, safety and welfare and is subject
28 to control and regulation in the public interest. It is further declared
29 that medical laboratories and medical laboratory science practitioners pro-
30 vide essential services by furnishing vital information that may be used in
31 the diagnosis, prevention and treatment of disease or impairment, and the
32 assessment of the health of humans. The purpose of this chapter is to provide
33 for the better protection of public health by providing minimum qualifica-
34 tions for medical laboratory science professionals and by ensuring that med-
35 ical laboratory tests are performed with the highest degree of professional
36 competency by those engaged in providing such services in this state. It is
37 the purpose of the provisions of this chapter to provide for the licensure
38 and regulation of persons performing medical laboratory procedures for the
39 public.

RS25148

2



1 54-5803. DEFINITIONS. As used in this chapter:

2 (1) "Accredited medical laboratory program" means a program, as pro-
3 vided in rule, that provides appropriate instruction and experience in medi-
4 cal laboratory science that has been accredited by one (1) of the accrediting
5 agencies recognized by the United States department of education.

6 (2) "Board" means the medical laboratory board created in section
7 54-5814, Idaho Code.

8 (3) "Categorical medical laboratory scientist" means an individual el-
9 igible under the provisions of this chapter who is qualified to perform medi-
10 cal laboratory tests only in a specialized testing field, such as microbi-
11 ology, chemistry, immunology, hematology, immunohematology or future cate-
12 gories according to approved protocols, including those that require the ex-
13 ercise of independent judgment.

14 (4) "Clinic" means a place devoted primarily to the maintenance and op-
15 eration of facilities for outpatient medical, surgical and emergency care of
16 acute and chronic conditions or injury.

17 (5) "Inactive license" means a license issued pursuant to section
18 54-5810, Idaho Code, for a person who does not engage in any practice defined
19 by this chapter.

20 (6) "Medical laboratory" or "laboratory" means any facility in which
21 medical laboratory tests are performed.

22 (7) "Medical laboratory science" means the practice by an individual
23 who manages, supervises, educates, consults, researches or performs medical
24 laboratory testing or technical procedures in a medical laboratory. "Med-
25 ical laboratory science" does not include an activity that constitutes the
26 practice of medicine.

27 (8) "Medical laboratory scientist or technologist" means an individual
28 eligible under the provisions of this chapter to perform any medical labora-
29 tory test including those that require the exercise of independent judgment.
30 In addition, the individual may be responsible for the establishment and im-
31 plementation of protocols, quality assessment, method development and se-
32 lection, equipment selection and maintenance, and all activities related to
33 the pre-analytic, analytic and post-analytic phases of testing. The medical
34 laboratory scientist or technologist may also direct, supervise, consult,
35 educate or perform research functions.

36 (9) "Medical laboratory technician" means an individual eligible under
37 the provisions of this chapter who is qualified to perform medical labora-
38 tory tests pursuant to established and approved protocols that require lim-
39 ited exercise of independent judgment and that are performed with oversight
40 from a medical laboratory scientist or technologist, laboratory supervisor
41 or laboratory director.

42 (10) "Medical laboratory test" or "laboratory test" means a microbio-
43 logical, serological, chemical, biological, hematological, immunological,
44 immunohematological, radiobioassay, biophysical or any other test or proce-
45 dure performed on material derived from or existing in a human body that pro-
46 vides information for the diagnosis, prevention or monitoring of a disease
47 or impairment or assessment of a medical condition. Medical laboratory test
48 encompasses the pre-analytic, analytic and post-analytic phases of testing.

49 (11) "Point-of-care testing" means those analytical patient testing
50 activities provided within an institution but performed outside the physi-

RS25148

3



1 cal facilities of the central medical laboratory. The primary criterion of
 2 point-of-care testing is that it does not require permanent dedicated space.
 3 Examples include analytical instruments that are temporarily brought to a
 4 patient care location. Point-of-care testing must be under the direction,
 5 authority, jurisdiction and responsibility of a person licensed under this
 6 chapter.

7 (12) "Temporary license" means a license issued to an applicant eligi-
 8 ble to sit for and registered to take the certification examination within
 9 six (6) months of issuance of the temporary license or who has taken the ex-
 10 amination and is awaiting the results or who meets the educational require-
 11 ments for the license and is seeking to qualify for the certification exami-
 12 nation by completing the medical laboratory experience required.

13 (13) "Trainee" or "student" means an individual who has not fulfilled
 14 the educational requirements to take an approved, nationally recognized
 15 certification examination or who needs to obtain full-time comprehensive
 16 experience under supervision.

17 (14) "Waived test" means a simple laboratory examination or procedure
 18 that, under a federal interpretation of the clinical laboratory improvement
 19 amendments of 1988, employs a simple and accurate methodology that renders
 20 the likelihood of erroneous results negligible or poses no reasonable risk
 21 of harm to the patient if performed incorrectly.

22 54-5804. LICENSE REQUIRED. (1) On and after July 1, 2018, a license
 23 shall be required to engage in the practice of medical laboratory science.
 24 No person shall perform medical laboratory tests, or hold himself out as or
 25 use in connection with his name or place of business the title of medical lab-
 26 oratory scientist or technologist, medical laboratory technician or cate-
 27 gorical medical laboratory scientist in this state unless the person pos-
 28 sesses a valid license issued under the provisions of this chapter or is ex-
 29 empt from the requirements of this chapter.

30 (2) Until July 1, 2019, the qualifications for licensure in subsection
 31 (1) of this section may be waived, and the board may issue a license to a per-
 32 son engaged in the practice of medical laboratory science on the effective
 33 date of this chapter if the applicant can provide documentation, verified by
 34 oath, of the equivalent of at least three (3) years of full-time experience
 35 in medical laboratory science in Idaho within the last five (5) years. The
 36 applicant's level of practice on the effective date of this chapter deter-
 37 mines the type of license issued. Application for licensure under this pro-
 38 vision must be submitted within one (1) year of the effective date of this
 39 chapter.

40 54-5805. QUALIFICATIONS FOR LICENSURE -- MEDICAL LABORATORY SCIEN-
 41 TIST OR TECHNOLOGIST. (1) A person performing laboratory procedures as a
 42 medical laboratory scientist or technologist and who meets the requirements
 43 for licensure under the provisions of this section and who is not licensed
 44 pursuant to section 54-5804, Idaho Code, or exempt under section 54-5808,
 45 Idaho Code, shall apply to the board for the issuance of a license. The ap-
 46 plication shall be on a form provided by the board.

47 (2) The board may issue a license to the applicant without restriction
 48 to any area of practice specialty if the applicant successfully passes a na-

RS25148

4



tionally recognized certification examination as provided in rule and authorized by the board and provides proof to the board that he meets at least one (1) of the following criteria:

(a) The applicant has earned a baccalaureate degree from an accredited college or university including, or in addition to, successful completion of a medical laboratory scientist or technologist program accredited by an agency recognized by the United States department of education and certification by a board-approved, nationally recognized certifying agency as provided in rule;

(b) The applicant has earned a baccalaureate degree from an accredited college or university, including a minimum of sixteen (16) semester hours or twenty-four (24) quarter hours of biology coursework acceptable toward a major in biological science and pertinent to the medical laboratory sciences, sixteen (16) semester hours or twenty-four (24) quarter hours of chemistry coursework acceptable toward a major in chemistry and one (1) course in college-level mathematics, certification by a board-approved, nationally recognized certification agency, plus two (2) years of full-time medical laboratory experience within the past four (4) years that has included a minimum of four (4) months in each of the four (4) major disciplines of laboratory practice, which are medical chemistry, hematology, immunohematology and microbiology; and

(i) Holds certification as a medical laboratory technician; or
(ii) Has successfully completed a medical laboratory technician program accredited by an agency recognized by the United States department of education; or

(c) The applicant has earned a baccalaureate degree from an accredited college or university, including a minimum of sixteen (16) semester hours or twenty-four (24) quarter hours of biology coursework acceptable toward a major in biological science and pertinent to the medical laboratory sciences, sixteen (16) semester hours or twenty-four (24) quarter hours of chemistry coursework acceptable toward a major in chemistry and one (1) course in college-level mathematics, certification by a board-approved, nationally recognized certification agency, plus five (5) years of full-time medical laboratory experience within the past ten (10) years that has included a minimum of four (4) months in each of the four (4) major disciplines of laboratory practice, which are medical chemistry, hematology, immunohematology and microbiology.

54-5806. QUALIFICATIONS FOR LICENSURE -- MEDICAL LABORATORY TECHNICIAN. (1) A person performing laboratory procedures as a medical laboratory technician and who meets the requirements for licensure under the provisions of this section and who is not licensed pursuant to section 54-5804, Idaho Code, or exempt under section 54-5808, Idaho Code, shall apply to the board for the issuance of a license. The application shall be on a form provided by the board.

(2) The board may issue a license to the applicant without restriction to any area of practice specialty if the applicant successfully passes a nationally recognized certification examination authorized by the board and provides proof to the board that he meets at least one (1) of the following criteria:

RS25148

5



- 1 (a) The applicant has earned an associate degree from an accredited
- 2 college or university, including successful completion of a medical
- 3 laboratory science technician program accredited by an agency approved
- 4 by the United States department of education, and certification by a
- 5 board-approved, nationally recognized certifying agency;
- 6 (b) The applicant has earned an associate degree or successfully com-
- 7 pleted at least sixty (60) semester hours or ninety (90) quarter hours
- 8 from an accredited college or university, including a minimum of six (6)
- 9 semester hours or nine (9) quarter hours of biology coursework accept-
- 10 able toward a major in biological science and pertinent to the medical
- 11 laboratory sciences, six (6) semester hours or nine (9) quarter hours of
- 12 chemistry coursework acceptable toward a major in chemistry and one (1)
- 13 course of college-level mathematics, plus successful completion of a
- 14 medical laboratory science technician program accredited by an organi-
- 15 zation recognized by the United States department of education, includ-
- 16 ing successful completion of an advanced military laboratory special-
- 17 ist program, and certification by a board-approved, nationally recog-
- 18 nized certifying agency; or
- 19 (c) The applicant has earned an associate degree or successfully com-
- 20 pleted at least sixty (60) semester hours or ninety (90) quarter hours
- 21 from an accredited college or university, including a minimum of six (6)
- 22 semester hours or nine (9) quarter hours of biology coursework accept-
- 23 able toward a major in biological sciences and pertinent to the medical
- 24 laboratory sciences, six (6) semester hours or nine (9) quarter hours
- 25 of chemistry coursework acceptable toward a major in chemistry and one
- 26 (1) course of college-level mathematics, certification by a board-ap-
- 27 proved, nationally recognized certifying agency, plus three (3) years
- 28 of full-time medical laboratory experience within the past six (6)
- 29 years that has included a minimum of four (4) months in each of the four
- 30 (4) major disciplines of laboratory practice, which are medical chem-
- 31 istry, hematology, immunohematology and microbiology.

32 54-5807. QUALIFICATIONS FOR LICENSURE -- CATEGORICAL MEDICAL LABORA-
 33 TORY SCIENTIST. (1) A person practicing or performing laboratory procedures
 34 as a categorical medical laboratory scientist and who meets the requirements
 35 for licensure under the provisions of this section and who is not licensed
 36 pursuant to section 54-5804, Idaho Code, or exempt under section 54-5808,
 37 Idaho Code, shall apply to the board for the issuance of a license. The ap-
 38 plication shall be on a form provided by the board.

39 (2) The board may issue a license to the applicant with restriction to
 40 a specified category of practice specialty, if the applicant successfully
 41 passes a nationally recognized certification examination authorized by the
 42 board and has earned a baccalaureate degree in the appropriate medical lab-
 43 oratory specialty from an accredited college or university, certification
 44 by a board-approved, nationally recognized certifying organization issuing
 45 certification in that category of expertise, plus one (1) year of experience
 46 in the last five (5) years in the appropriate specialty.

RS25148

6



1 54-5808. EXEMPTIONS. Nothing in this chapter shall be construed as
 2 preventing or restricting the practice or performance of medical laboratory
 3 science requiring licensure pursuant to this chapter:

4 (1) Of any person licensed in this state under any other chapter who,
 5 as part of the person's licensed professional practice and within the scope
 6 and discipline of the person's profession, is permitted to practice medical
 7 laboratory science;

8 (2) Of any medical laboratory science practitioners employed by the
 9 United States government or any bureau, division or agency thereof, or em-
 10 ployed by the Idaho department of health and welfare, division of public
 11 health, if such person practices or provides medical laboratory services
 12 solely under the direction and control of the organization by which such
 13 person is employed;

14 (3) Of medical laboratory science practitioners engaged in teaching or
 15 research, provided that the results of any such examination performed are
 16 not used in health maintenance, diagnosis or treatment of disease;

17 (4) Of students enrolled in supervised medical laboratory science ed-
 18 ucation courses of study, provided that such activities constitute a part
 19 of an accredited, planned course of education, or the equivalent as deter-
 20 mined by the board, that the persons are designated by title such as intern,
 21 trainee, or student, and the persons work directly under the supervision of
 22 an individual licensed by this state to practice medical laboratory science;

23 (5) Of any person solely performing waived tests under the clinical
 24 laboratory improvement amendments of 1988, P.L. 100-578; or

25 (6) Of personnel performing point-of-care testing, provided that the
 26 acute care facility complies with the following requirements:

27 (a) Within the point-of-care testing laboratory, a licensed medical
 28 laboratory scientist or technologist is responsible for:

29 (i) Designing and providing or supervising the training programs
 30 for the point-of-care testing personnel;

31 (ii) Supervising and monitoring the quality assurance and quality
 32 control activities of the testing site;

33 (iii) Assisting in the selection of technology;

34 (iv) Reviewing the results of proficiency testing and recommend-
 35 ing corrective action, if necessary; and

36 (v) Monitoring the continued competency of the testing person-
 37 nel; and

38 (b) Processes are in place and are acceptable to the board that ensure
 39 and document the continued competency of the point-of-care testing per-
 40 sonnel.

41 Failure to comply with the requirements of this section shall subject
 42 the point-of-care testing personnel to loss of the exemption.

43 54-5809. ENDORSEMENT LICENSURE. An applicant who satisfies the board
 44 that he is licensed or registered under the laws of another state, territory
 45 or jurisdiction of the United States, which in the opinion of the board im-
 46 poses substantially equivalent licensing requirements as this chapter, may,
 47 upon the payment of the required fee and the approval of the application, be
 48 licensed by endorsement pursuant to this chapter.

RS25148



7

1 54-5810. RENEWAL AND REINSTATEMENT OF LICENSE -- INACTIVE LI-
2 CENSE. (1) Licenses issued under this chapter shall be valid for one (1)
3 year.

4 (2) All licenses issued under the provisions of this chapter shall be
5 subject to annual renewal. License renewal and reinstatement shall be in ac-
6 cordance with section 67-2614, Idaho Code.

7 (3) The board may issue inactive licenses pursuant to rules adopted by
8 the board that may specify the terms and procedures necessary to maintain an
9 inactive license. The holder of an inactive license shall not engage in any
10 practice defined by this chapter.

11 54-5811. FEES. (1) The board shall establish the following fees relat-
12 ing to licensing in amounts sufficient to defray all costs necessary for the
13 administration of this chapter:

14 (a) Application fee for a license or a temporary license of twenty-five
15 dollars (\$25.00);

16 (b) Initial licensure fee, not to exceed one hundred dollars (\$100);

17 (c) Renewal fee, not to exceed one hundred dollars (\$100);

18 (d) Reinstatement fees in accordance with section 67-2614, Idaho Code;

19 (e) Temporary license fee, not to exceed fifty dollars (\$50.00), which
20 may be applied to the initial licensure fee if the practitioner success-
21 fully passes the nationally recognized certification examination; and

22 (f) Inactive license fee, not to exceed twenty-five dollars (\$25.00).

23 (2) All fees are nonrefundable, except that if a license fee is tendered
24 but the board does not issue a license, the respective license fee shall be
25 returned.

26 54-5812. SUSPENSION AND REVOCATION OF LICENSE -- REFUSAL TO RENEW. The
27 board may refuse to issue or renew, may revoke, or may suspend a license, may
28 place a licensee on probation, and may take such other disciplinary action as
29 the board may deem appropriate, including the imposition of a civil penalty
30 not to exceed one thousand dollars (\$1,000) for conduct that may result from,
31 but not necessarily be limited to:

32 (1) Having been convicted of a felony or being convicted of any crime
33 that has a bearing on any practice pursuant to this chapter in the courts of
34 this state or any other state, territory or country. Conviction, as used in
35 this subsection, shall include a finding or verdict of guilt, an admission
36 of guilt or a plea of nolo contendere or its equivalent. The record of con-
37 viction, or a certified copy thereof, certified by the clerk of the court or
38 by the judge in whose court the conviction occurred, shall be conclusive evi-
39 dence of such conviction;

40 (2) Making any material misrepresentation for the purpose of obtaining
41 licensure or violating any provision of this chapter;

42 (3) Failing to adhere to the recognized standards of ethics of the medi-
43 cal laboratory science profession as adopted by board rule;

44 (4) Engaging in dishonorable, unethical or unprofessional conduct as
45 defined by rule;

46 (5) Excessive use or abuse of alcohol and the inability to practice lab-
47 oratory science;

RS25148



8

- 1 (6) Directly or indirectly contracting to perform medical laboratory
2 tests in a manner that offers or implies an offer of rebate, fee-splitting
3 inducements or arrangements, or other remuneration;
4 (7) Aiding or assisting another person in violating any provision of
5 this chapter or any rule adopted hereunder;
6 (8) Practicing or offering to practice beyond the scope of medical lab-
7 oratory science practice, as defined in this chapter, or failing to meet the
8 standard of a medical laboratory scientist provided by other qualified medi-
9 cal laboratory scientists and medical laboratory technicians in the same or
10 similar communities;
11 (9) Engaging in the performance of substandard care, as defined by
12 rule, by a medical laboratory practitioner due to an intentional, negligent
13 or reckless act or failure to act;
14 (10) Having had a license revoked or suspended, other disciplinary ac-
15 tion taken or an application for licensure refused, revoked or suspended by
16 the proper authorities of another state, territory or country, or omitting
17 such information from any application to the board, or failure to divulge
18 such information when requested by the board;
19 (11) Interfering with an investigation or disciplinary proceeding
20 by willful misrepresentation of facts or by use of threats or harassment
21 against any patient or witness to prevent such person from providing evi-
22 dence in a disciplinary proceeding, investigation or other legal action; or
23 (12) Failing to comply with an order of the board.

24 54-5813. DUE PROCESS PROCEDURES. The proceedings for the revocation,
25 suspension or limiting of any license may be initiated by any person, cor-
26 poration, association or public officer, or by the board, by the filing of
27 written charges with the board. The procedures for notification and hearing
28 on such charges, unless dismissed by the board as unfounded or trivial, shall
29 be conducted as provided in chapter 52, title 67, Idaho Code.

30 54-5814. MEDICAL LABORATORY BOARD. (1) There is hereby created a med-
31 ical laboratory board within the bureau of occupational licenses. The board
32 shall consist of five (5) members appointed by the governor from a list sub-
33 mitted by organizations of medical laboratory practitioners, or the gover-
34 nor may consider recommendations for appointment to the board from any med-
35 ical laboratory technology association or any individual residing in this
36 state, four (4) of whom shall be medical laboratory practitioners licensed
37 pursuant to the provisions of this chapter as of July 1, 2018, one (1) public
38 member who is not associated with or financially interested in the practice
39 of medical laboratory science, and all of whom shall be residents of Idaho at
40 the time of their appointment and for their term of service. The persons ap-
41 pointed to the board who are required to be licensed under this chapter shall
42 have been engaged in rendering medical laboratory services to the public, or
43 in teaching, or in research in medical laboratory science for at least two
44 (2) of the five (5) years immediately preceding their appointments.
45 (2) The governor, within sixty (60) days following the effective date
46 of this chapter, shall appoint one (1) board member for a term of one (1)
47 year; two (2) board members for a term of two (2) years; and two (2) board mem-
48 bers for a term of three (3) years. Appointments made thereafter shall be for

RS25148



8

- 1 (6) Directly or indirectly contracting to perform medical laboratory
2 tests in a manner that offers or implies an offer of rebate, fee-splitting
3 inducements or arrangements, or other remuneration;
4 (7) Aiding or assisting another person in violating any provision of
5 this chapter or any rule adopted hereunder;
6 (8) Practicing or offering to practice beyond the scope of medical lab-
7 oratory science practice, as defined in this chapter, or failing to meet the
8 standard of a medical laboratory scientist provided by other qualified medi-
9 cal laboratory scientists and medical laboratory technicians in the same or
10 similar communities;
11 (9) Engaging in the performance of substandard care, as defined by
12 rule, by a medical laboratory practitioner due to an intentional, negligent
13 or reckless act or failure to act;
14 (10) Having had a license revoked or suspended, other disciplinary ac-
15 tion taken or an application for licensure refused, revoked or suspended by
16 the proper authorities of another state, territory or country, or omitting
17 such information from any application to the board, or failure to divulge
18 such information when requested by the board;
19 (11) Interfering with an investigation or disciplinary proceeding
20 by willful misrepresentation of facts or by use of threats or harassment
21 against any patient or witness to prevent such person from providing evi-
22 dence in a disciplinary proceeding, investigation or other legal action; or
23 (12) Failing to comply with an order of the board.

24 54-5813. DUE PROCESS PROCEDURES. The proceedings for the revocation,
25 suspension or limiting of any license may be initiated by any person, cor-
26 poration, association or public officer, or by the board, by the filing of
27 written charges with the board. The procedures for notification and hearing
28 on such charges, unless dismissed by the board as unfounded or trivial, shall
29 be conducted as provided in chapter 52, title 67, Idaho Code.

30 54-5814. MEDICAL LABORATORY BOARD. (1) There is hereby created a med-
31 ical laboratory board within the bureau of occupational licenses. The board
32 shall consist of five (5) members appointed by the governor from a list sub-
33 mitted by organizations of medical laboratory practitioners, or the gover-
34 nor may consider recommendations for appointment to the board from any med-
35 ical laboratory technology association or any individual residing in this
36 state, four (4) of whom shall be medical laboratory practitioners licensed
37 pursuant to the provisions of this chapter as of July 1, 2018, one (1) public
38 member who is not associated with or financially interested in the practice
39 of medical laboratory science, and all of whom shall be residents of Idaho at
40 the time of their appointment and for their term of service. The persons ap-
41 pointed to the board who are required to be licensed under this chapter shall
42 have been engaged in rendering medical laboratory services to the public, or
43 in teaching, or in research in medical laboratory science for at least two
44 (2) of the five (5) years immediately preceding their appointments.
45 (2) The governor, within sixty (60) days following the effective date
46 of this chapter, shall appoint one (1) board member for a term of one (1)
47 year; two (2) board members for a term of two (2) years; and two (2) board mem-
48 bers for a term of three (3) years. Appointments made thereafter shall be for

RS25148



9

1 three (3) year terms, but no person shall be appointed to serve more than two
2 (2) consecutive terms. Terms shall begin on July 1 of each year or until suc-
3 cessors are appointed.

4 (3) Except for the initial appointments to the board, each medical lab-
5 oratory scientist shall be currently licensed and in good standing to engage
6 in medical science practice in this state. The initial medical laboratory
7 scientist members of the board must meet the qualifications for licensure
8 under this chapter.

9 (4) Whenever a vacancy shall occur on the board, the governor shall ap-
10 point a successor for the remainder of the unexpired term.

11 (5) Each member of the board shall be compensated as provided in section
12 59-509(n), Idaho Code.

13 (6) The governor may remove any member from the board for neglect of any
14 duty required by law or for incompetency or unprofessional or dishonorable
15 conduct.

16 (7) The board shall meet at such times as required to conduct the busi-
17 ness of the board and shall annually elect from its members a chairman, vice
18 chairman and such other officers as it chooses. Three(3) members shall con-
19 stitute a quorum, and the vote of a majority of members present at a meeting
20 wherein a quorum is present shall determine the action of the board.

21 54-5815. BOARD POWERS AND DUTIES. (1) The board shall enforce the
22 provisions of this chapter, evaluate the qualifications of the applicants
23 for licensure, and may issue subpoenas, examine witnesses, and adminis-
24 ter oaths, and may investigate practices that are alleged to violate the
25 provisions of this chapter. The board shall review the applications of
26 all applicants for licensure and make decisions concerning issuance of li-
27 censes, revocation of licenses, rules to be promulgated under this chapter,
28 other disciplinary action and any other matters pursuant to the provisions
29 of this chapter.

30 (2) The board shall establish standards for professional conduct.

31 (3) The board shall establish, by rule, criteria for the continuing ed-
32 ucation of medical laboratory science practitioners as required for licen-
33 sure renewal.

34 (4) The board shall authorize, by written agreement, the bureau of oc-
35 cupational licenses to act as its agents in its interests as set out in the
36 written agreement.

37 54-5816. DISPOSITION OF RECEIPTS -- EXPENSES. (1) All fees received
38 under the provisions of this chapter shall be deposited in the state trea-
39 sury to the credit of the occupational licenses account, and all costs and
40 expenses incurred by the board under the provisions of this chapter shall be
41 a charge against and paid from said account for such purposes, and the funds
42 collected hereunder shall be immediately available for the administration
43 of this chapter.

44 (2) Money paid into the board account pursuant to this chapter is hereby
45 appropriated to the board for expenditure in the manner prescribed herein to
46 defray the expenses of the board in carrying out and enforcing the provisions
47 of this chapter.

RS25148



10

1 54-5817. RULES. The board shall promulgate and adopt rules necessary
2 to carry out the provisions of this chapter pursuant to chapter 52, title 67,
3 Idaho Code.

4 54-5818. APPLICATION PROCEDURE. (1) Licensure applicants shall sub-
5 mit their application for licensure to the board upon the forms prescribed
6 and furnished by the board and shall pay the designated fees.

7 (2) Upon receipt of application and payment of fees, the board may issue
8 a license for a medical laboratory scientist or technologist, a medical lab-
9 oratory technician, categorical medical laboratory scientist or an appro-
10 priate license to any person who meets the qualifications specified in this
11 chapter and the rules promulgated hereunder.

12 (3) The board may establish, by rule, procedure for issuance of tempo-
13 rary licenses to individuals otherwise qualified under this chapter to en-
14 gage in medical laboratory science practice in this state for a limited time
15 not to exceed twelve (12) months.

16 54-5819. MISREPRESENTATION. (1) The board may bring any action in
17 district court for a temporary restraining order, preliminary injunction or
18 permanent injunction against any person who violates the provisions of this
19 chapter, or who falsely holds himself out as a medical laboratory scientist
20 or technologist, medical laboratory technician or categorical medical lab-
21 oratory scientist, or against any person who provides medical laboratory
22 services in violation of this chapter.

23 (2) It shall be unlawful and a misdemeanor for any person to engage in
24 any of the following acts:

25 (a) To practice medical laboratory science or to represent himself to
26 be a licensed medical laboratory scientist or technologist, medical
27 laboratory technician or categorical medical laboratory scientist as
28 defined in this chapter without having, at the time of so doing, a valid
29 license issued under this chapter; or

30 (b) To use in connection with his name or place of business the title
31 medical laboratory scientist or technologist, medical laboratory tech-
32 nician or categorical medical laboratory scientist or any words indi-
33 cating or implying that the person holds a medical laboratory scientist
34 license unless he is licensed in accordance with this chapter.

Appendix C

Idaho House Health and Welfare Committee Meeting Minutes

AGENDA
HOUSE HEALTH & WELFARE COMMITTEE
 9:00 A.M.
 Room EW20
 Monday, February 13, 2017

SUBJECT	DESCRIPTION	PRESENTER
RS25148	Medical Lab Science Practitioners	Rep. Phylis King
RS25224C1	Health Care Assistance Program	Rep. Christy Perry
H 38	Mental Health Declaration	Ross Edmunds, Department of Health & Welfare
S 1005	Child Protection Act	Miren Unsworth, Department of Health & Welfare

If you have written testimony, please provide a copy of it along with the name of the person or organization responsible to the committee secretary to ensure accuracy of records.

COMMITTEE MEMBERS

Chairman Wood	Rep Blanksma
Vice Chairman Packer	Rep Hanks
Rep Hixon	Rep Kingsley
Rep Perry	Rep Zollinger
Rep Vander Woude	Rep Chew
Rep Redman	Rep Rubel
Rep Gibbs	

COMMITTEE SECRETARY

Irene Moore
 Room: EW14
 Phone: 332-1138
 email: hhel@house.idaho.gov

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Monday, February 13, 2017

TIME: 9:00 A.M.

PLACE: Room EW20

MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Vander Woude, Redman, Gibbs, Blanksma, Hanks, Kingsley, Zollinger, Chew, Rubel

ABSENT/EXCUSED: None

GUESTS: Miren Unsworth, Michelle Weir, and Russ Barron, IDHW; Greg Casey, Veritas Advisors

Chairman Wood called the meeting to order at 9:00 a.m.

RS 25148: **Rep. Phylis King**, District 18, Registered Medical Laboratory Scientist, presented **RS 25148**, to license clinical laboratory practitioners. The profession of laboratory medicine has changed to include hundreds of new tests and methodologies for analyzing human body fluids, including genetic testing. Clinical laboratories provide as much as 70% of the data needed by caregivers to diagnose, treat, and monitor their patients.

This Proposed Legislation will set up three levels of practitioner and a professional board to establish and enforce licensure provisions, conduct standards, licensing qualifications, and ethics issues. There is a grandfather clause for anyone currently practicing. Accurate testing and aid for disease diagnosis are important to provide an effective way to keep patients safe.

MOTION: **Rep. Rubel** made a motion to introduce **RS 25148**. **Motion carried by voice vote.** **Reps. Hixon, Vander Woude, and Hanks**, requested to be recorded as voting **NAY**.

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

RS 25224C1: **Rep. Fred Wood**, District 27, presented **RS 25224C1**, the Healthcare Assistance Program. The purpose of this legislation is to authorize primary care, limited prescriptions, and care coordination to a specific population. This population has income levels below 100% of the federal poverty guideline, are not eligible for Medicaid or the Advanced Payment of Tax Credit, and are not currently eligible or enrolled in an employer sponsored or other government subsidized health care plan.

This program will only cover a limited subgroup of adults and is not comprehensive care. It will provide eligible participants with regular preventive primary care and chronic conditions care management. This will further the state's goal to transform Idaho's healthcare system from a volume based, fee-for-service model to a value based system of care.

In Fiscal Year (FY) 2018, the Idaho Millennium Fund has approximately \$10M available for appropriation to the Department of Health and Welfare (DHW) for the newly created Health Care Assistance Program in the Division of Public Health. In addition, the DHW would be provided with the spending authority for \$500,000 from the Dedicated Cooperative Welfare Fund for any donations or contributions received, up to that amount, for health care costs. The funds will be non-transferable. If donations come as expected, the total amount available in FY 2018 may be up to \$10.5 million. Subsequent year funding will be limited to the amount available for appropriation from the Millennium Fund.

- MOTION:** **Rep. Gibbs** made a motion to introduce **RS 25224C1**.
Rep. Kingsley commented this is important to Idaho's indigent population, whose circumstances can prevent initial care of a minor injury before it escalates.
 Answering questions, **Chairman Wood** said donations could be contributions from charitable organizations or possible grants, providing a pre-event avenue, although no donations are planned or expected.
- VOTE ON MOTION:** **Vice Chairman Packer** called for a vote on the motion to introduce **RS 25224C1**.
Motion carried by voice vote.
Vice Chairman Packer turned the gavel over to **Chairman Wood**.
- H 38:** **Chairman Wood** returned **H 38** to the committee for consideration, which was held for time certain from the meeting of Wednesday, February 8, 2017.
Ross Edmunds, Administrator, Division of Behavioral Health, DHW, presented **H 38** to allow state hospitals to provide treatment contrary to a mental health declaration.
 Answering questions, **Mr. Edmunds** explained the Division is charged, by code, to bring court-ordered clients to competency, whenever possible. This can be in conflict with the client's advanced mental health directive. Sometimes a person's mental illness affects their desire or ability to engage in treatment. When a court override for a commitment order is received, clients are informed of their due process and about the override. If refused, the client can take the issue to the Patients' Rights Board.
- MOTION:** **Rep. Redman** made a motion to send **H 38** to the floor with a **DO PASS** recommendation.
 For the record, no one indicated their desire to testify.
- VOTE ON MOTION:** **Chairman Wood** called for a vote on the motion to send **H 38** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote.** **Rep. Zollinger** will sponsor the bill on the floor.
- S 1005:** **Miren Unsworth**, Deputy Administrator, DHW, Division of Family and Community Services, presented **S 1005**. Sex trafficking of minors is an issue of increasing state and federal concern. This Legislation adds a definition for human trafficking based on the Justice For Victims of Sex Trafficking Act of 2015, as mandated by the amended Child Abuse Prevention and Treatment Act (CAPTA) state grant program requirements.
 States are required to consider any child who is identified as a victim of sex trafficking or severe forms of trafficking to be a victim of sexual abuse, child abuse, and neglect. Through this Legislation, the definition of human trafficking will be included in the abused and sexual conduct as well as aggravated circumstances definitions of the Idaho Child Protective Act.
- MOTION:** **Rep. Hixon** made a motion to send **S 1005** to the floor with a **DO PASS** recommendation.
 Answering questions, **Ms. Unsworth**, said this definition clarifies the civil and criminal action filing of a Child Protective Act petition. If involving the parents, the court can approve aggravated circumstances and allow the DHW to move quickly toward alternative permanency for the child and eliminate reunification with the parents.
 CAPTA funding is used for safety assessments and the Keeping Children Safe Panels. The Governor's Task Force for Juveniles At Risk uses the Criminal Justice Act funds to offer grants to multi-disciplinary teams and child advocacy centers.

For the record, no one indicated their desire to testify.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to send **S 1005** to the floor with a **DO PASS** recommendation. **Motion carried by voice vote. Rep. Hixon** will sponsor the bill on the floor.

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 9:37 a.m.

Representative Wood
Chair

Irene Moore
Secretary