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April 4, 2012

Chairman  
Labor & Commerce, Finance Committee  
Alaska State Senate

Dear Sir:

Senate Bill No. 166 regarding laboratory science professional licensing has appeared once again. It has been entered in several sessions of the Alaska legislature, being pushed by Heidi Mannion. Ms. Mannion is in charge of the Medical Technology/Technician training program at the University of Alaska Anchorage, and does a formidable job there. However, it has been many years since she has worked in a clinical laboratory on a daily basis, and I take issue with her letter to legislators dated November 26, 2011.

The survey she conducted last year was unscientific, random, and not representative of all technicians/technologists working in Alaska. Clinical Laboratory Scientists of Alaska (CLSA) is not representative of the aforementioned workers. For example, at my place of employment we have 31 techs, of whom less than six are members of CLSA, and none of our dozen phlebotomists belong.

Under Alaska licensure laws, with rare exception, such as veterinary technicians, those groups subject to licensure are in a career wherein they are able to "hang their own shingle." This is not possible for those who would be licensed under SB 166.

Ms. Mannion minimizes the extent that the Clinical Laboratory Improvement Act of 1988 (CLIA 88) and subsequent amendments regulates the medical laboratory. In fact, any hospital, medical clinic, physician's office, or other medical entity that receives a single dollar from the federal government, such as Medicaid, Medicare, Veterans Administration, or other federal agency, has very strict rules governing medical laboratories. This includes essentially all medical facilities in this state. Any non-registered/certified person must be supervised by a registered technologist, as must those operating at the registered technician level. These certifying agencies, which run registries, include American Society

For Clinical Pathology (ASCP), American Medical Technologists (AMT), American Association of Bioanalysts (AAB), as well as others. Additionally, supervision occurs from several accrediting agencies, including CLIA, JCAHO, CAP, and others.

Further, individuals employed in laboratories at federal facilities, such as the Veterans Administration and native health facilities would be exempt from this proposed act. The several reference laboratories existing outside the borders of Alaska, to whom large volumes of laboratory testing are sent daily, would also be exempt. These laboratories perform complex and specialized testing not available in Alaska.

The requirement for a clinical laboratory pathologist to be the laboratory director is unrealistic. This may be desirable, but is not part of the real world. There simply aren't enough clinical laboratory pathologists in the nation, much less the State of Alaska, to fulfill this dream. Under this stipulation would that mean that most of the laboratories in this state would have to close? This also eliminates a clinically trained PhD from filling this position, which is allowable otherwise under CLIA.

Ms. Mannion cites testimony of Dennis O'Leary, MD, former president of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). This testimony was given several years ago (2002), prior to the newest amendments to CLIA 88, of which there have been several up to November, 2011.

All of this is verifiable under CLIA 88 subpart M.

The waived testing cited in Dr. O'Leary's testimony is of a nature such that several of these tests are available over the counter to the general public. The one most people are familiar with is the home pregnancy test, but there are many more types available. How is this proposed act going to supervise the public activity?

There are other states that have licensure for medical laboratory personnel, one of those with the longest licensing program being California. While California has not done away with their program completely (it is a revenue source for that state), they are evolving away from the program in lieu of accepting registration from well established national registries, such as ASCP, AMT, AAB, and others.

There are already adequate standards and regulations in place to protect the public. Creation of a new bureaucracy to license medical laboratory personnel is onerous. We already pay our certifying registries, pay for continuing education, and would be expected to pay the state for this redundancy.

This seems to be a solution to a non-existent problem. I urge that SB 166 be allowed to die.

George Will, Jr.