

Questions and Answers about the Minnesota Licensure (updated Nov 27, 2006)

1. Will there eventually be a test to continue to be licensed?

No test for relicensure is provided for in the bill, nor do we intend to have such a provision.

Some of the physician specialties, including pathology, are moving toward a new test every 10 years. We do not anticipate doing this for clinical laboratory personnel. If all other healthcare personnel eventually made such provisions, it might be considered, but such a change would require going back to the legislature for a change in the law.

2. An opinion was stated that licensure will prevent people from considering employment within the state of Minnesota.

There is no evidence that shortages are any more severe in states with licensure than in states without (with the exception of California, which requires a separate test and still has not implemented licensure for and recognition of CLT's). Remember that the nationally recognized certification exams will qualify a person for licensure in MN, just as they do for all other licensure states (except CA).

3. If a person has an extended leave of absence, can they still maintain their licensure with CEUs, or do they have to be active in the field?

They could still maintain licensure with CEU's. But this is a good point – we will want to include something about how long people can be inactive and still maintain a license. That is not in the current draft.

4. Will the Board offer free CEUs?

The Board will not be a provider of continuing education, but there are many sources of free CEU's, including inservices at your place of employment, reading journals, viewing videos provided by vendors, etc. It is not necessary to travel to meetings to earn CEU's. Part of the work of the board will be to provide a list of resources that are available for CEU's.

5. Doesn't it make more sense to have one of our certification agencies issue a national license?

In our system of government, there is no such thing as national licensure. It is a “states rights” thing. For many professions (nursing, medicine, law, teaching), all 50 states have licensure and may or may not have reciprocity with each other. Each state is required to pass its own licensure bill. This is a very good question, because it is such a sensible idea to make it uniform nationally, but unfortunately it’s impossible.

6. The idea that we need licensure to build a state wide data base of laboratorians for disaster support is not true, this information is already available to agencies in other forms.

This is not what we hear from the MN Department of Health, nor the people who are doing workforce planning for the state, the University, or MnSCU. It would be interesting to know in what other forms you feel this data is available. Surveys of employers give raw numbers, but not lists of specific names, and response to surveys is never 100%. At this point we are unaware in what form(s) this information is available. During the University of Minnesota’s recent work to start a Center for Allied Health, it was actually stated that they wished that our profession was licensed so that they would have access to better workforce data for planning purposes.

7. Opinions were offered that the phlebotomists should be taken out of the bill.

This decision will be made soon. At this point, we don’t know if they will be in or out. The current draft bill has been written to include all laboratory professional categories.

8. The bill should include those who act as instructors and program directors in our MT and MLT programs, they should absolutely have to be licensed as a condition of acting as an instructor.

This has been discussed. It may be a problem for university based programs where a PhD in Microbiology (for example) may teach clinical micro, or even hospital based programs where some instruction may be provided by MD’s. Do we ask these people to take a CLS generalist or categorical exam? Or do we exempt those advanced degrees from licensure? Remember that the bill addresses entry level personnel, not supervisors, managers, or educators. Also remember that this bill addresses those professionals who will be performing laboratory testing in a clinical or medical setting.

9. Are city and county employees exempt?

No, only federal employees are exempt as the state cannot legislate for the federal government.

10. Why are MA’s exempt?

The current language in the draft bill is an attempt to address competence of testing personnel in physician offices and other laboratory settings that may use MA's while recognizing that laboratory testing may be a relatively small part of their duties, so that the cost of a license may be burdensome. It is also felt, that for political reasons our bill will have an easier time being considered if we do not require Medical Assistants to be certified.

11. How does this bill prevent erosion of our scope of practice?

It would prevent those who do not have education, training, and experience at the appropriate levels from practicing clinical laboratory science. In some parts of the country, on the job trained (OJT) personnel are staffing laboratories.

12. What does "regional accredited mean? [point #8 in the bill]

Colleges and universities are accredited by recognized regional agencies. In Minnesota, this is the North Central Association of Schools and Colleges. In practice, the only situation where you might have to worry about a school's accreditation might be a proprietary for profit or on-line program that you've never heard of before. Web sites for colleges and universities always list their accreditation.

13. Do MA's and phlebotomists need to certify?

See above, we don't know yet whether they will be included. These personnel are often "the face of the laboratory" to the patient.

14. Will CEUs from proficiency providers and accrediting bodies meet the annual requirement?

Yes

15. Once our profession is licensed, does that open us up to the possibility of a union?

There really is no correlation between licensure and unionization. Some CLS's, CLT's and phlebotomists are already unionized in MN. This bill neither encourages nor bars unionization.

16. What does licensure really do for me? What's the difference between that and my ASCP/NCA certification?

Certification is voluntary. Your employer may or may not require it. This licensure bill would make certification mandatory in MN, and require employers to hire personnel who obtain a license by having passed a certification exam. (This will be true going forward; there is a grandfather provision for uncertified personnel currently working.)

17. Why can't NCA confer a license on us as a by product of our board certification with them?

See #5 above. Licensure is established by law on a state-by-state basis. NCA (and ASCP-BOR and other certification agencies) is a non-governmental certification agency and has no authority to regulate states.

18. How would temporary help fit into the picture if they do not hold a Minnesota license?

Any professional performing laboratory testing in Minnesota would be required to have a license. Employees working for a temp agency that operates in our state would be required to have a license. If they were just going to work in Minnesota for a short, "temporary" period of time, a provisional or temporary license could be granted.

19. Would other state licenses be accepted?

Yes, until they expire. Then the person would have to apply for a MN license.

20. The verbiage on the MLT is confusing and possibly contradicting "performs with oversight" and than "can supervise and educate". Can an MLT be a Laboratory Manager and General Supervisor?

The bill only addresses entry level personnel. The ability of an MLT to be a manager or general supervisor is determined by CLIA regulations.

21. Can this licensure bill supersede the personnel requirements in CLIA if they are more strict?

Yes. State law can be more strict than CLIA but not less strict. We do not believe there is anything in the draft bill than is less strict than CLIA.

22. How are the consequences handled? Who will determine fines? Who will be fined, the facility, the individual? Who determines what is unethical and/or unprofessional conduct? Who follows up on these items? Where are the teeth in the consequences?

Any complaints about unethical or unprofessional conduct would be referred to the licensing board. They would gather information and afford due process before deciding whether to revoke an individual's license.

Employers would be required to hire licensed personnel, so an individual who lost their license could no longer work in a laboratory in MN.

The penalty is suspension or loss of license, although the Board is given the authority in the draft bill to impose fines on the practitioner.

23. How does this bill help with the problem of other professionals who perform venipunctures or capillary draws not being required to show any documentation of their competency?

Other licensed personnel in MN whose scope of practice includes phlebotomy (respiratory therapy, nursing) are exempt. If they are employed at a JCAHO accredited hospital, their competency should be assessed. This question comes up frequently because of concerns about the quality of phlebotomy when performed by non-laboratory personnel. Unfortunately this is quite variable,, but in addition we cannot infringe on the scope of practice of other healthcare professionals.

We realize that this still leaves uncovered a lot of non-laboratory personnel who do phlebotomy. This is one of the reasons why it is so difficult to decide what we should or should not put in the bill about phlebotomy.