

Minnesota Laboratory Licensure Coalition Talking Point for Hospital Administration (February 1, 2010)

The Minnesota Laboratory Licensure legislation (H.F. 1249 and S.F. 999) will be continuing its journey through the Minnesota legislature in the session that begins February 4, 2010. Last year this bill passed three Senate committees and is awaiting action in the Finance Committee. This year, the major activity needs to occur in the House of Representatives. In mid-February (date to be announced) the Licensure Division committee will be holding a hearing on this bill.

In 2009, the Minnesota Hospital Association (MHA) officially took a position to “not oppose our bill”. This year MHA is again reviewing the licensure bill. This is where we need your help. We need laboratory professionals, and especially those in supervisory and management positions, to talk to hospital administration and ask them to support the bill, but also to contact MHA to voice their support of the bill. Please have your administrator voice their support to Lawrence Massa, President of MHA at lmassa@mnhospitals.org

We would like each of you to be able to put your own personal and professional perspective on this issue, but some of the main points to drive home are related to the following questions.

Won't the passage of personnel licensure exacerbate the personnel shortage? The reality, in Minnesota, is that our workforce and the educational pipeline feeding it are in better shape than anywhere in the country.

- Through the work of the Healthcare Education and Industry Partnership we have grown educational capacity for Medical Laboratory Scientists over the past 5 years from 48 to close to 150 graduates annually, with additional growth planned over the next two years. In addition, on-line and hybrid programs exist throughout the country.
- The supply of Medical Laboratory Technicians has been stable through a network of 8 MnSCU two year colleges and additional private programs.

Won't the passage of licensure legislation raise lab and healthcare costs in Minnesota?

- Data from the American Hospital Association shows that hospital costs are not different in states with and without licensure. Other states that have passed licensure bills have not seen an increase in salaries post licensure.
- The American Society for Clinical Pathology (ASCP) performs a Wage and Vacancy Survey every other year. This data supports the statement that salaries are not higher in licensed states as compared to unlicensed states.

Do we really need personnel licensure?

- In Minnesota, which is a leader in healthcare, most laboratories currently employ staff with associate or baccalaureate level training in clinical laboratory science. This practice recognizes the complexity of the field, and the fact that incorrect test results may lead to wrong diagnoses, additional expense and suffering, or even death.
- Many, if not most, laboratories in MN already have hiring practices that comply with the provisions of this bill. However, these are voluntary and can be changed at any time. We see evidence of compromised standards in many states due to financial pressures on hospitals and laboratories.
- The Joint Commission believes that the personnel standards currently required by CLIA are insufficient to adequately protect patients and the public health. (Dennis O'Leary, President and CEO, GAO report, 2006)
- The recent outbreaks of H1N1 influenza have once again highlighted the importance of timely and accurate clinical laboratory testing to the health of all Minnesotans. The licensure bill will ensure that Minnesota maintains and improves the quality and safety of laboratory testing for all of its citizens.

If you have questions please contact Rick Panning at rick.panning@allina.com or Kathy Hansen at khansen1@fairview.org. Please send an email to Rick Panning if you have made a contact in your hospital.