

Minnesota Hospital Association

Comments on H.F. 203, a bill to license medical laboratory science professionals.

MHA maintains its opposition to this legislation believing that it is unnecessary and will ultimately raise costs. There have not been demonstrated quality improvements coming from the states that do have state licensure of their laboratory professionals.

Given that any entity performing lab tests on humans is required to meet stringent, federal standards under CLIA (Clinical Laboratory Improvement Amendments), it is questionable that licensure of laboratory professionals would greatly improve the quality of lab testing in Minnesota. Laboratory professionals are licensed in only 12 states, and only one of our surrounding states (North Dakota) has this requirement.

Under CLIA every hospital must have a lab director who may be either a physician or a non-physician person holding a Ph.D. CLIA requires non-physician Ph.D. lab directors to have a High Complexity Laboratory Director certification (HCLD). All medical laboratory personnel are under the supervision and responsibility of the laboratory director.

Of 144 hospitals in Minnesota, 79 hospitals are Critical Access Hospitals operating with less than 25 beds. Some of our small rural hospitals have expressed concerns that this is an effort to eliminate employment opportunities for the 2-year laboratory professionals in favor of hiring only those with a 4-year program credential. This would not only lead to higher costs as hospitals compete for a limited pool of 4-year degreed individuals, but also raises access concerns if hospitals are unable to find and hire a sufficient number of individuals who meet the four year standard to staff hospital labs, providing services 24 hours a day, 7 days a week, 365 days a year.

The bill as drafted is also confusing and unnecessarily complex. The bill does not simply call for the licensure of Medical Laboratory Scientists and Medical Laboratory Technicians; it defines and specifically licenses 8 specialties within the laboratory profession. Hospitals have voiced concerns that this could ultimately lead to a hospital having to employ an individual who meets each one of these specialties as defined in the bill rather than having laboratory professionals who are cross-trained and able to perform a variety of laboratory procedures.

All of us share the goal of trying to bend the cost curve in health care delivery and expanding state licensure to new categories of healthcare professionals often leads to higher costs, which in turn is passed through to healthcare purchasers.

Thank you for your consideration of our opposition and concerns with H.F. 203.