



**House
Legislative
Analysis
Section**

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LICENSE MED TECHNOLOGISTS

House Bills 4485 and 4486
Sponsor: Rep. Michael J. Bennane
Committee: Public Health

Complete to 2-8-94

A SUMMARY OF HOUSE BILLS 4485 AND 4486 AS INTRODUCED 3-11-93

The bills would license medical technologists (House Bill 4485) and set license fees (House Bill 4486).

House Bill 4485 would amend the Public Health Code (MCL 333.16131 et al.) to prohibit laboratory testing (as defined in the bill) without a license beginning a year after the bill took effect, establish three licenses ("laboratory scientist," "laboratory technician," and "laboratory practitioner") with three defined levels of practice, set licensing requirements, create a board of laboratory testing, and set certain sanctions.

Testing protocols. Laboratory directors or laboratory scientists would prepare or approve information that provided step-by-step descriptions of how to perform laboratory tests. These "protocols" would then be followed by anyone doing laboratory tests at that laboratory.

License levels. The bill would establish three license levels with increasingly comprehensive scopes of practice: laboratory practitioners, laboratory technicians, and laboratory scientists.

Laboratory practitioners and technicians would be able to practice only under predetermined criteria established or approved by the laboratory director or a laboratory scientist. In contrast to practitioners and technicians, laboratory scientists could make decisions without predetermined criteria and could, without preset strategies, identify causes of improper test performances and decide how to get correct test performances or how to solve problems caused by incorrect test performances. In fact, laboratory scientists would establish both criteria for decision making in laboratory testing and procedures for reporting test results, as well as validate laboratory test data and select (in the absence of established guidelines) whatever they considered to be appropriate calculation methods.

Laboratory practitioners would be able to do laboratory tests (including automated tests) according to established protocols, compare patient data to established or approved reference ranges, and do arithmetic or algebraic calculations according to protocols. Laboratory technicians would be able to do what laboratory practitioners could do, and, in addition, could, using established or approved criteria, evaluate data, do arithmetical, mathematical, or statistical calculations according to protocol, and, using established strategies, identify and correct the causes of improper test performances. Laboratory scientists could do anything that laboratory practitioners and technicians could do, as well as establish the criteria under which a practitioner or technician would practice.

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Board of Laboratory Testing. The bill would create a seven-member Michigan Board of Laboratory Testing. The board would have to have at least two public members and at least one member engaged in each of the practice levels under the bill. The professional members would have to have ("among them") anatomical and clinical pathological testing experience and would have to meet the health code's general requirements for health professional board membership. Within 90 days after the bill took effect, the board would have to submit for public hearing rules to implement the bill.

The board would promulgate rules specifying the qualifications of physicians authorized to provide supervision under the bill, and would annually review the supervision of people licensed under the bill. The board could revoke or suspend a limited license if the limited licensee lacked adequate supervision.

Licenses and requirements. Licenses would be effective for three years. The bill would prohibit licensees from doing anything outside of the scope of practice of the level for which they had been trained.

Applicants for licenses at each of the three levels would have to have "sufficient knowledge essential to the safe and competent practice of [their] profession." The board could accept national certification as evidence that an individual had enough knowledge to meet this requirement. However, the board could accept only certification that required successful passage of a competency-based examination validated by the certifying organization.

In addition, applicants for a laboratory practitioner's license would have to have completed high school, an accredited educational program at the laboratory practitioner level (or at a board-approved equivalent level), and a year of supervised, full-time board-approved laboratory experience in the three years immediately preceding the date of application.

Applicants for a laboratory technician's license would have to have successfully completed or attained any one of the following: (a) An accredited educational program at the medical laboratory technician, clinical laboratory technician, or histologic technician level; (b) sixty hours of board-approved college course work and a year of supervised, full-time board-approved laboratory experience in the three years immediately preceding the license application; or (c) licensure as a laboratory practitioner and four additional years of supervised, board-approved laboratory experience.

Applicants for a laboratory scientist's license would have to have completed or attained one of the following: (a) an accredited educational program at the medical technologist, cytotechnologist, clinical laboratory scientist, or histotechnologist level; (b) ninety hours of board-approved college course work and two years of supervised, full-time board-approved laboratory experience in the four years immediately preceding the license application; or (c) sixty hours of board-approved college course work and four years of supervised, board-approved laboratory experience.

Limited licenses. The board could grant (and revoke or suspend) a limited license at any of the three levels of practice defined in the bill, in addition to existing sanctions under the health code. A limited license would be effective for four years. People with limited licenses could provide laboratory test services only under the supervision of either a licensed physician (either M.D. or D.O.) who complied with board requirements or someone licensed under the bill to do the test.

License renewals. Laboratory scientists and laboratory technicians applying for their license renewal would have to either complete 30 hours of continuing education or be recertified by a board-approved national certification agency. Laboratory practitioners who applied for their license renewals would have to have either ten hours of continuing education or be recertified by a board-approved national certifying agency.

"Grandfather" clause. The bill would allow people who had been trained in laboratory testing or who had practiced laboratory testing for at least a year to be licensed under the bill if they applied for a license within a year after the bill took effect. The board would issue a license either for the level at which the individual either was currently employed in a laboratory or was trained or nationally certified to practice. Anyone applying for a renewal of a "grandfathered" license would have to meet the bill's continuing education requirements.

Exemptions. The bill would exempt from its provisions teachers or researchers, or students enrolled in courses involving laboratory testing, where the test results weren't used for "diagnosis, prevention, monitoring, or treatment of a disease or assessment of a medical condition or predisposition." The bill also would exempt other statutorily recognized professionals, so long as they didn't claim to be licensed under the bill.

Client confidentiality. Communications between licensees and clients and their test results would be confidential and could not be disclosed to a third party without the client's consent or as otherwise required by law. "Third party" would not include licensed health professionals who requested the laboratory test(s) for the client.

House Bill 4486 would amend the State License Fee Act (Public Act 152 of 1979, MCL 338.2201 et al.) to establish fees for medical technologists. Both the annual license fee and the annual limited license fee would be \$50. House Bill 4486 is tie-barred to House Bill 4485. (Note: Public Act 79 of 1993, enrolled House Bill 4295, moved the schedule of license and registration fees for health care professionals from the State License Fee Act to the Public Health Code.)