Report of Findings and Recommendations

By the

Board of Health

on the Application for Credentialing

of the

Nebraska Society for Medical Technology

to the

Director of Health

and the

Nebraska Legislature

March 16, 1987

Recommendations

In their original application, the Nebraska Society for Medical Technology sought a three-tier system of licensure for those laboratory personnel meeting the standards set forth in the proposal. The technical committee decided not to recommend the credentialing of laboratory personnel at this time. However, the Board of Health recommended in favor of credentialing, specifying licensure as the level of credentialing most appropriate for laboratory personnel.

Discussion

The Board discussed the three criteria of the Nebraska Regulation of Health Professions Act as they pertain to the medical technology proposal. In the discussion of the first criterion, comments were focused on the potential for harm to the public posed by untrained laboratory personnel. One Board member expressed concern about the level of training of laboratory personnel in rural physicians' offices and private clinics in Western and Central Nebraska. Another Board member stated that well-trained laboratory personnel are much more capable of detecting possible health problems of a patient than are untrained personnel.

The Board voted thirteen to zero in support of a motion by Dr. Schenken that the unregulated practice of Medical Technology can clearly harm the public health and welfare, and that the potential for harm is not remote or dependent upon tenuous argument. All Board members present voted aye. Brown-Arfmann and Adickes were absent. By this action, the Board determined that there is harm to the public inherent in the current practice situation as regards medical technology.

The Board did not formally discuss the second criterion. The Board voted thirteen to zero in favor of a motion by Dr. Schenken that the public needs and can reasonably be expected to benefit from an assurance of initial and continuing professional ability. All Board members present voted aye. Brown-Arfmann and Adickes were absent. By this action the Board members agreed that the public would benefit from an assurance of initial and continuing professional ability.

The discussion on criterion three focused on the need to balance protection of the public with the concern that all Nebraskans, regardless of the area of the state in which they reside, receive the same standard of care. Some Board members were concerned that the proposal might cause a hardship for physicians offices and clinics in rural Nebraska. These Board members stated that credentialing of laboratory personnel might make it necessary for these facilities to pay higher salaries in order to attract and keep credentialed personnel on staff. These extra costs might cause some rural clinics to close their laboratories. However, other Board members stated that their primary concern was with the quality of the work being done in these laboratories. They stated that it is essential for the Board to alert the legislature to the fact that something must be done to provide greater assurance to the public that lab work is being done by well-trained people. One Board member stated that there are no viable alternatives to personnel standards as a means of providing this assurance. This Board member stated that such alternatives as institutional regulation have been tried in other states, and have been found to be inadequate to protect the public.

The Board voted seven to six in favor of a motion by Dr. Schenken which stated that the public cannot be protected in a more cost-effective manner than by the credentialing of laboratory personnel. Voting aye were Coleman, Clark, Gilmore, Powell, Bartels, Rhodes, and Schneider. Voting nay were Hilkemann, Masek, Nelson, Schenken, Quinn, and Kenney. Brown-Arfmann and Adickes were absent. By this action the Board determined that there was no more cost-effective means of addressing the problems associated with the current practice situation than by the credentialing of laboratory personnel. At this point the Board suspended discussion until February 9, 1987, in order to evaluate its options on levels of credentialing.

Levels of Credentialing

When the Board reconvened on February 9, 1987, it voted seven to five against a motion by Coleman that the Board recommend that all medical laboratory personnel be licensed at two or three levels. Voting aye were Coleman, Gilmore, Powell, Bartels, and Rhodes. Voting nay were Hilkemann, Masek, Nelson, Clark, Quinn, Kenney, and Adickes. Brown-Arfmann, Schneider, and Schenken were absent. By this action the Board decided not to recommend the licensure of all laboratory personnel.

The Board voted ten to zero with two abstentions against a motion by Mr. Gilmore that the Board make no recommendations as to the appropriate level of credentialing for medical technology. Voting nay were Clark, Gilmore, Bartels, Quinn, Rhodes, Adickes, Hilkemann, Masek, Nelson, and Coleman. Powell and Kenney abstained from the voting. Brown-Arfmann, Schenken, and Schneider were absent. By this action, the Board decided that it would make recommendations as to the appropriate level of credentialing for medical technology.

The Board voted eight to four in favor of a motion by Mr. Clark that the Board recommend licensure of all medical laboratory personnel not employed in regulated laboratories, and also recommend that a quality assurance program and proficiency standards for all persons in all currently unregulated labs be established. Voting aye were Masek, Coleman, Clark, Gilmore, Powell, Bartels, Rhodes, and Kenney. Voting nay were Hilkemann, Nelson, Quinn, and Adickes. Brown-Arfmann, Schenken, and Schneider were absent. By this action the Board decided to recommend licensure for all medical personnel not employed in regulated laboratories and also to recommend a quality assurance program and proficiency standards for all personnel in all currently unregulated labs.

There was considerable discussion among the Board members as to which type of regulation would be most effective in assuring the public that laboratory work of sufficient quality to protect patients from harm is being done. Several Board members stated that personnel standards alone would be sufficient to provide such protection. Other Board members stated that personnel standards alone would not be sufficient to protect the public from harm. These Board members stated that in order to provide the public with assurance that quality lab work is being done, there is a need for state regulation of unregulated medical laboratories.

After considerable discussion of the relative merits of these two approaches, a majority of Board members concluded that state regulation of medical technology should be directed at work that is being done in unregulated laboratories. However, a majority of Board members then decided that there was a need for mandatory personnel standards as well

as direct state regulation of the work being done in these currently unregulated labs. A majority of the Board members concluded that imposing additional regulations on currently regulated facilities was not necessary at this time.

The discussion also raised concerns about the possible impact of the proposal on the nursing profession, the comparative cost of facility regulations as opposed to personnel standards, and the nature of current regulations in the area of medical technology. One Board member was concerned that the establishment of personnel standards for laboratory personnel would place an educational and financial burden on nurses. These burdens would be passed on to the consumer in the form of higher health care costs. Other Board members expressed the concern that the Board lacked sufficient information on the costs associated with either personnel standards or facility regulations to make a determination as to the appropriate level of credentialing medical technology. However, the majority of Board members did not agree with this viewpoint. Finally, there was uncertainty amongst the Board members as to what a regulated lab is under the current practice situation. After some discussion a majority of Board members was satisfied that the term regulated laboratory referred to those either in hospitals or those independent labs with Medicare certification.