Proposed and Upcoming Regulatory-Changes at State Level Impacting Clinical Laboratory Personnel Workforce

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Regulatory efforts to address laboratory workforce challenges have centered around state clinical laboratory personnel licensure. For example, New York modified licensure requirements to enhance recruitment of laboratory professionals to the state. Georgia rescinded laboratory personnel licensure while Tennessee has a bill pulling back on personnel licensure requirements for privately owned laboratories. Here we highlight the clinical laboratory licensure updates that have transpired over the past 2-3 years that have either come into effect or are under consideration.

State of New York: Enhancing Recruitment via Amendments to Clinical Laboratory Licensure Law

On July 21, 2022, NY Governor Kathy Hochul signed the “Clinical Laboratory Clean Up” bill NY A-10162 / S7020B. The amendments to the law now recognize national certification (i.e., CT(ASCP)) and licensure in other states (for states deemed acceptable to the New York State Education Department (NYSED)) as an alternative to the professional
educational requirement for licensure as a cytotechnologist. NYS regulations Subpart 79-14.1 also outline these requirements. These alternate qualifications should help more out-of-state cytotechnologists to obtain a license to practice in NY. These changes were intended to target some of the workforce and recruitment challenges experienced by NY cytopathology laboratories.

Prior to this change, applicants lacking specific coursework, as stipulated in Part 52 of the Commissioner’s regulations, were required to take missing (or unrecognized) curricular content to meet the educational requirements for state licensure. Historically, licensure requirements in NY have been more stringent when compared to other state licensing requirements. Along the same vein, as part of this new law, NYSED will also recognize the educational qualifications of cytotechnologists who graduate from baccalaureate or higher degree programs accredited by an accreditation agency currently deemed acceptable to NYSED. Notable among these agencies is the Commission on Accreditation of Allied Health Education Programs. These 2 additional alternate pathways now allow most cytotechnologists who train in the US to obtain a NY license.

NYSED also eliminated the September 1, 2001, cutoff date for the NY licensing examinations for all licensed clinical laboratory professions. Previously, applicants who successfully passed the ASCP certification examination before this date were not recognized as successfully completing the NYS licensing exam requirement and had to re-take the examination. Parallel modifications were made for the other NY licensed clinical laboratory professions (i.e., clinical laboratory technologist, clinical laboratory technician, and histotechnician (formerly known as certified histologic technician). The “Clinical Laboratory Clean Up” bill now also acknowledges the histotechnologist profession, which was previously not recognized as a distinct licensed clinical laboratory profession when clinical laboratory licensure framework was first implemented in 2006. To date, practicing histotechnologists were expected to retain either a certified histologic technician license or a clinical laboratory technologist license depending on their scope of practice.

The passage of the “Clinical Laboratory Clean Up” Act aims to provide more flexibility in the recruitment process allowing for an expanded range of qualification pathways for NY licensure.

Georgia & Tennessee: Efforts to Repeal Clinical Laboratory Licensure

In the State of Georgia, licensure of laboratory professionals is no longer required, effective July 1, 2021. On May 5, 2021, Georgia HB93 was signed into law, a law that repeals laboratory and laboratory personnel licensure. Additionally, the State of Tennessee’s House and Senate Speaker passed and signed HB226/SB982. This was transmitted to the Governor for action and is currently pending a decision. If signed into law, privately owned laboratories would be exempt from hiring licensed laboratory personnel.

Nevada: Ensuring Appropriate Clinical Laboratory Experience

Proposed regulations to Chapter 652 - Medical Laboratories of Nevada Administrative Code (NAC) define the experience requirements for a general supervisor and clinical laboratory technologist. Language was added to NAC 652.410 and NAC 652.420 to delineate that qualifying experience needs to be “clinical” in nature. This revision was made to provide clarity that laboratory experience obtained in industrial or other areas of non-clinical laboratory testing does not correlate well with the knowledge and skills required when performing moderate and/or high complexity testing in the clinical laboratory. The proposed regulation also addresses the qualifications and duties of a general supervisor in a lab specialty. Previously, a clinical laboratory technologist with an area of specialty as described in NAC 652.478 would not have a pathway to apply for and obtain a “general supervisor of licensed laboratory personnel” license. The proposed change defines requirements to qualify as general supervisor in a specialty. This proposal should expand the pool of qualified laboratory supervisors.

References

BVIO Ventures for Global Health (BVGH) is a results-oriented nonprofit organization dedicated to solving global health issues by forming connections between people, resources, and ideas (1). Since 2017, through the African Access Initiative, BVGH has partnered with experts and key opinion leaders from industry, academia, governments, and non-governmental organizations to target the growing cancer crisis in Africa (2). In 2020, 60% of new cancer diagnoses occurred in low- and middle-income countries (LMICs) (3). Moreover, cancer-related deaths outnumber those related to HIV/AIDS, Tuberculosis, and Malaria (3) and by 2030, 75% of global cancer deaths will occur in LMICs (4).

The growing cancer crisis in Africa is attributable to many complex and interrelated factors, including but not limited to delayed and/or incomplete diagnoses (4). Much of sub-Saharan Africa (SSA) lacks sufficient diagnostic pathology capacity to accurately diagnose and stage cancers to ensure that appropriate treatments are provided. In the absence of efficient and reliable pathology services, patients suffer delays in diagnosis leading to poor outcomes. A 2012 survey showed that, excluding Botswana and South Africa, all SSA had fewer than one pathologist for every 500,000 - 1 million people. In comparison, in 2010, the US had one pathologist per 20,000 people (5,6). It has been estimated that, with the current system, it would take more than 400 years to train the adequate number of pathologists (5).

Innovative and collaborative solutions and continued advocacy for global diagnostics remain critically important (7).

BVGH is currently active in 7 African countries: Cameroon, Côte d’Ivoire, Kenya, Nigeria, Rwanda, Senegal, and Lesotho. They connect key hospital partners and people on the ground working in oncology in target countries to the resources they need. One way they have worked to build oncology capacity is through multi-week digital training programs developed to address the priorities of hospital partners and run by international experts. In addition to digital training courses, BVGH also coordinates mentorships between departments of participating hospitals in target countries and other experts abroad. Through these mentorship relationships, hospitals receive site-specific guidance to help them build oncology capacity.

BVGH has also been supporting pathology skills development on their Virtual Mentorship Platform through interesting case posts and targeted lectures on solid tumor pathology and immunohistochemistry (8).

In conjunction with these efforts, BVGH alongside ASC, developed the Global Health Cytology Education Ambassadorship to help the members of the Virtual Mentorship Platform with continued professional development in cytopathology. Subsequently, the ASC called for applications for representatives to serve as ambassadors and liaisons between the two organizations and foster international knowledge-exchange around cytopathology, offering these individuals the opportunity to engage with BVGH’s broad network of pathologists across the African continent.

We are proud to announce that Isil Yildiz-Aktas, MD, MPH, and Ayesha Baig, MD, MSc, have been selected to be 2023 ASC/BVGH Global Health Ambassadors.

Isil Yildiz-Aktas, MD, MPH, is an Assistant Professor of Pathology at Yale School of Medicine and an affiliated faculty of Yale Institute for Global Health. Dr. Yildiz-Aktas is a cytopathologist and a general surgical pathologist. Her interests also include quality in healthcare

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”
– Martin Luther King, Jr.

“With rare exceptions, all of your most important achievements on this planet will come from working with others—or, in a word, partnership.”
– Dr. Paul Farmer
and digital pathology. “I have always been interested in doing meaningful and impactful work and serving the big picture. That interest and purpose led me into getting a master’s in public health and becoming a cytopathologist and getting trained on performing ultrasound guided fine needle aspirations. All of which, in my opinion, serve the purpose of cancer screening, early diagnosis, and prevention. I am thrilled to have found an opportunity to realize these goals. I am really honored to be selected and am looking forward to facilitating for ASC/BVGH Global Health vision.”

Ayesha Baig, MD, MSc, is a Clinical Fellow in the AFC (Areas of Focused Competence) Cytopathology program at the University of Calgary. Dr. Baig completed her residency in Anatomical Pathology at McGill University and is a Fellow of the Royal College of Physicians of Canada. Dr. Baig acquired her passion for global health and development in low-resource environments through international travel and education in a broad range of settings. She has been involved with volunteering and philanthropic work since a young age, some of which includes teaching, mentorship and conducting medical camps. Through these experiences, Dr. Baig developed an understanding of the ground realities of resource-poor environments, spurring her desire to connect and collaborate with colleagues to improve health care quality and ensure equitable access to resources. Her dream is to combine her passions for cytopathology, education, and global health through Cytopathology camps and clinics in LMICs. Through these focused educational endeavors, she will share knowledge through lectures, seminars, and specialized clinical teaching units in colposcopy and ultrasound-guided fine-needle aspiration. “I am honored to be an ASC/BVGH Global Health Ambassador, and I plan to use this unique opportunity to continue making a difference as a doctor and collaborate with like-minded colleagues via this platform.”

The 2023 ASC Global Health Team is composed of two ASC/BVGH Global Health Ambassadors, Alarice C. Lowe, MD, Co-chair of ASC Diversity, Equity and Inclusion Committee, and Ms. Elizabeth Jenkins, Executive Director of the ASC. Ms. Ashly Senske represents BVGH as the Program Manager in this partnership. The team is currently hard at work finalizing a curriculum for the 2023 calendar year based on the results of a needs assessment survey that was recently completed by the members of the Virtual Mentorship Platform. The team would welcome contributions to the Platform from interested parties within the framework of the program.

References:
1. https://bvgh.org/about/
2. https://bvgh.org/african-access-initiative/

Q. Which tumor may show a Schmincke pattern of distribution on fine needle aspiration (named after Alexander Schmincke)?

https://www.surveymonkey.com/r/ZQ7PL8K or scan the QR code.
The Cytopathology Crash Course provides a high-yield review of cytopathology morphology and concepts for trainees, as well as a refresher course on core cytopathology concepts for practitioners. This online course is designed for pathology residents, cytopathology fellows, junior cytologists, practicing pathologists and cytologists; experienced pathologists seeking a review of cytopathology concepts.

Click here for the Schedule and list of Speakers

Register
Case Study with a Crunch: A Rapidly Growing Jaw Mass in an Infant

Nathan McGrath, MBBS
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Professor Pamela Michelow
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Disclosure: None

Continuing Medical Education (CME): The American Society of Cytopathology is accredited by the Accreditation Council for Continuing Medical Education (ACCMCE) to provide continuing medical education for physicians.

The American Society of Cytopathology designates this enduring educational activity for a maximum of 1 AMA PRA Category 1 credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

American Board of Pathology Maintenance of Certification (MOC): This product can help fulfill the CME requirements and Self-Assessment Modules (SAMs) mandated by the American Board of Pathology MOC process.

Continuing Medical Laboratory Education (CMLE): The ASC designates this activity for the indicated number of CMLE credit hours and also fulfills requirements of the ABMS to participate in the Maintenance of Certification program.

This program is approved for continuing education credits in the State of Florida for 1 credit and the State of California for ½ credit.

Disclosure for Education Planners
Review the Case Study and visit the ASC Web site to take the test for Continuing Education Credit.

Clinical History
A 4-month-old male presents with a one-month history of a rapidly growing right upper jaw mass. This mass measures 5x4cm displaces a developing tooth and is associated with tumor ulceration extending to the nose and eye. An FNA is performed.

Cytopathology Features:
Immunohistochemistry was performed on the smears. The larger cells stained positively with a keratin stain (Image d - MNF116) and melanin stain (Image e - HMB 45) and the smaller cells stained positively with synaptophysin. Muscle markers were negative in both cell types. Histologic evaluation of the excised lesion showed identical features and the cytologic diagnosis of a melanotic progonoma was confirmed. Molecular tests were not available.
The American Society of Cytopathology’s Long History Through the Evolution of Leadership and Excellence by the Pioneers Who Made it Possible

Kirk E. Facey, CT(ASCP)

In 1943, Dr. Papanicolaou published *Diagnosis of Uterine Cancer by the Vaginal Smear*. This publication illustrated that diagnosis could be rendered by microscopically examining cytologic smears.

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1951
- In 1951, Dr. Arthur Purdy Stout, a pioneer of surgical pathology, formed the Inter-Society Cytology Council; the early organization that gave birth to the American Society of Cytopathology.
- In 1951, Dr. Papanicolaou served as the first Vice-Chairman of the Inter-Society Cytology Council Executive Committee.

1953
- In 1953, the first Annual Scientific Meeting of the Inter-Society Cytology Council convened in Philadelphia, Pennsylvania.

1954
- In 1954, Cytotechnologists were welcomed into the Society as Associate members.

1958
- In 1958, the Papanicolaou Award of the ASC was first presented.

1961
- In 1961, during the 9th Annual Scientific Meeting, the name American Society of Cytology was voted on by members and adopted.

1966
- In 1966, the Cytotechnologist Award for Outstanding Achievement was first presented.

1969
- In 1969, the Cytotechnologist Scientific Presentation Award was first presented.

1978
- In 1978, the Warren R. Lang, M.D. Resident Physician Award was first presented.

1981
- In 1981, Cytotechnologist members were given the right to vote.

1992
- In 1992, the ASC President’s Award was first presented.

1993
- In 1993, the Geno Saccomanno, M.D. New Frontiers in Cytology Award was presented.

1994
- In 1994, during the 42nd Annual Scientific Meeting, the current name, American Society of Cytopathology was voted on by members and adopted.

1998
- In 1998, the Excellence in Education Award was first presented.

2010
- In 2010, The Leopold Koss Lectureship was first presented.

2012
- In 2012, our guiding principle, “Saving Lives One Cell at a Time” was adopted.

2010
- In 2010, The Leopold Koss Lectureship was first presented.

American Society of Cytopathology membership is extraordinarily diverse, including Medical, Cytopathology Fellows, Pathology Residents, Voting Cytotechnologists, Cytotechnologists, International Medical, International Affiliate, International Trainee, Life and Honorary members.
The ASC Podcast – CytoPathPod!

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