PUBLIC SESSION AGENDA

New York State Education Department
State Board for Clinical Laboratory Technology
PUBLIC SESSION

80 Wolf Road, 3rd Floor, Rooms A and B, Albany, NY

Public participants are encouraged to attend virtually, via the WebEx link below.

WebEx Meeting
Link: https://meetnydirect.webex.com/meetnydirect/j.php?MTID=m3bd586451030e6ea70d0fda89f2eef2f

Meeting number (access code): 177 170 2798
Meeting password: uFdKj3G2ZQ6
Join by phone: 1-518-549-0500

Public Session Agenda

April 8, 2022

10:00 AM – 2:00 PM

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1. Call to Order
2. Welcome and Introductions
3. Review and Approval of Minutes of Previous Meeting
4. Discussion and Updates
5. Professional Practice Matters
6. Legislation
7. Other Business
8. Calendar and Adjourn

NOVEMBER 16, 2021 MEETING MINUTES DRAFT

New York State Education Department
State Board for Clinical Laboratory Technology
PUBLIC SESSION

WebEx Meeting Link:
https://meetnydirect.webex.com/meetnydirect/j.php?MTID=m4ea52057dee447aec20037095e99e3e4
Meeting number (access code): 177 659 5721

Meeting password: Clinlab
Join by phone: 1-518-549-0500

Public Session Agenda
November 16, 2021
9:00 AM – 2:00 PM

ATTENDANCE

Board Member	**Term End Date**	**Present (P) Absent (A)**
Mary Ellen Clerkin, Albany, Public Member	04/19/26	P
Kathleen M. Crowley, Hyde Park - Vice-Chair	11/14/25	P
Kelly Cwikla, Johnson City	04/13/25	A
Maria Friedlander, New York	12/13/25	P
Angela Miczek, Saratoga	11/17/24	P
Nader Okby, Westtown - Chair	10/17/26	P
Michael Reiner, Nanuet	01/14/23	P
Alyson L. Rutigliano, Middletown	03/12/23	P
Adam N. Tegnander, Amsterdam	01/22/23	P
Jeninne Wright, Kingston	12/13/25	P
Angela Tomei-Robinson, Mineola, Extended Board Member	12/14/25	P

Staff Members

Nancy Wiley, Acting Executive Secretary; Diane Martin, Associate in Professional Education, State Board Office

Members of the Public

Karen Roach (HANYS); Sue Graham (SUNY Upstate; CLMA); Amy Kellogg, Esq. (Harter Secrest & Emery LLP); Eloise Aita (NYSCLA); Susan Waltman (GNYHA); Cassandra Pineda (GNYHA); Zeynep Sumer (GNYHA); Rita Romano (CLMA); Scott Janke (HANYS); Kevin Jefferson, prospective applicant; Rishi (would not provide identifying information); and Kim (AMC. Would not provide last name).

Call to Order - The meeting of the Board was called to order at 9:04 a.m.

Welcome and Introductions of Guest and Board Members

Acting Executive Secretary Wiley introduced herself and welcomed the Board members and members of the public. Attendees were reminded that the meeting is a public session meeting of the Clinical Laboratory Technology Board and identified the Board members as volunteers who are

dedicated to public protection and are appointed by the Board of Regents. She thanked the Board members for the time that they have spent and continue to spend on matters affecting the clinical laboratory professions. Acting Executive Secretary Wiley reminded members of the public that they will be muted throughout the meeting and would not be allowed to speak. All general questions should be submitted to the chat window. Specific questions should be submitted to the clinical laboratory email box at CLINLABD@nysed.gov. Members of the board, followed by members of the public, introduced themselves.

Review and Approval of Minutes

Based on a **motion** made by Member Rutigliano and **seconded** by Member Clerkin, the Board **unanimously** approved the minutes of the January 15, 2021 Board meeting.

Discussion and Updates

Board Re-Appointments

Chair Okby was re-appointed for his second term on the Board by the Board of Regents at their September 2021 Board meeting.

Posting for Dr. Kathleen Doyle's Executive Secretary position

The Executive Secretary position was posted on the SED website in August 2021. By statute, the psychology board must have a licensed psychologist in the Executive Secretary role. There is no plan to separate the boards. Qualified licensed psychologists are encouraged to apply via the information on the posting.

Chair and Vice Chair

The Board voted unanimously to extend the terms for Chair Okby and Vice Chair Crowley until March 31, 2022 or until a permanent Executive Secretary is appointed.

COVID-19

Board members discussed Executive Orders 4.1 and 4 that pertain to clinical laboratory professionals, in effect until November 26, 2021.

EO #4.1 - Effective until November 26, 2021

Temporary Suspension and Modification of Education Law and Regulations insofar as such modification authorized individuals to perform testing for the detection of SARS-CoV-2, or its antibodies, is modified only to the extent necessary to further allow such individuals to perform any clinical laboratory test on any specimen, including for the detection of SARS-CoV-2 and influenza, provided such individual is under appropriate supervision and meets the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA or the New York State Department of Health.

EO #4 - Extended until November 26, 2021

Temporary Suspension and Modification of Education Law and Regulations to the extent necessary to allow **physician's assistants**, **registered professional nurses**, **licensed practical nurses**, **nurse practitioners**, **specialist assistants**, **respiratory therapists, respiratory therapist**

technicians, **pharmacists**, **clinical nurse specialists**, **dentists, dental hygienists, registered dental assistants**, **midwives**, **perfusionists**, **clinical laboratory technologists**, **cytotechnologists**, **certified clinical laboratory technicians, certified histological technicians**, **licensed clinical social workers**, **licensed master social workers**, **podiatrists**, **physical therapists**, **physical therapist assistants**, **mental health counselors**, **marriage and family therapists**, **creative arts therapists, psychoanalysts** and **psychologists** who have an unencumbered license and are currently in good standing in New York State but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration.

Temporary Suspension and Modification of Education Law and Regulations to the extent necessary to permit **graduates of State Education Department registered, licensure qualifying clinical laboratory technology and clinical laboratory technician education programs** to be employed to practice for 180 days immediately following successful completion of a New York State Registered licensure qualifying education program, in a clinical laboratory with a valid New York State permit, provided that the graduate files an application for a New York State clinical laboratory practitioner license and limited permit.

Temporary Suspension and Modification of Education Law and Regulations to the extent necessary to allow **clinical laboratory practitioners** to perform testing in a clinical laboratory under remote supervision, provided a supervisor is on-site at least eight hours per week

Professional Practice Matters

Updates to Regulations

Board members reviewed updates to the Commissioner's Regulations, Parts 29.3; 52; and 79. **The Board voted unanimously to accept the draft Regulations, Parts 29, 52, and 79, as written.**

ASCP examination cutoff date

Acting Executive Secretary Wiley lead a discussion regarding the existing September 1, 2001 examination cutoff date. The date was originally choses as it was a date that was 5 years prior to the date CLT licensure took effect in education law. The examination date is not outlined in statute or regulation, so the Board may consider changing or eliminating the cutoff date. Points of discussion included the assumption that once a person passes an examination in any of the professions, the scores are valid for life. By asking an individual to re-take the exam, the Department is essentially asking them to recertify. Once licensed, a clinical laboratory licensee must maintain competency, as outlined in Regulations. NYSDOH is required to review competency records during an inspection. Further, NYSDOH requires that employers provide 12 CE /year to all employees. Most other professions, most notably nursing and medicine, do not have cutoff dates for their examinations. Finally, the requirement of the existing September 1, 2001 examination date is preventing individuals from gaining NYS licensure, thereby further exacerbating the staffing shortages, causing potential harm to the public. **On a motion by Chair Okby, the Board voted unanimously to eliminate the September 1, 2001 examination date.**

Legislation

Acting Executive Secretary Wiley and Amy Kellogg, Esq. (Harter Secrest & Emery LLP) lead a discussion regarding Senate Bill S7020 – Clinical Laboratory Clean Up Bill. NYSCLA is hoping to get the bill introduced in the 2022 legislative session. The bill creates the histological technologist profession; allows for national licensing and certification to fulfill the education requirements for the CLT, CCLT, and Cytotechnologist professions; outlines a CCLT to CLT pathway; and corrects the fee for the provisional permits for CLT ($345 to $50) and CHT ($245 to $50).

Other Business

Acting Executive Secretary Wiley discussed ASCP's renaming of the *Cytotechnologist* certification to *Cytologist* certification and CAAHEP's requirement to increase the minimum education for a Cytologist to a master's degree. We can continue to use the *Cytotechnologist* title and the existing education requirements unless and until the statute is updated.

Staff changes: E. Dowd has accepted another position within SED. She will be missed.

Reminder to Board members to submit meeting vouchers.

The next meeting date will be determined at a later time, pending the progress on the Regulations and an Executive Order to extend the provisions in Open Meetings Law, allowing for virtual meetings.

Eloise Aita (NYSCLA) extended her appreciation to the Board, the Education Committee, and Acting Executive Secretary Wiley for the work they have done on the Regulations.

Susan Waltman (HANYS) indicated that she, Eloise Aita (NYSCLA), Karen Roach (HANYS), and Zena Sumer (HANYS) participate with the Chairs of laboratory medicine and pathology on a monthly basis. She stated that the issue of workforce shortages is the single biggest issue that is facing the laboratories. Ms. Waltman extended her gratitude that the Board continues to update the public on their progress with the Regulations.

Adjournment – There being no further business, on a motion by Member Miczek, seconded by Member Rutigliano, the meeting was adjourned at 1:00 PM.

Respectfully submitted,

Nancy Wiley
Acting Executive Secretary to the State Board for Clinical Laboratory Technology

DRAFT REGULATIONS - NYSED ADMINISTRATION SUMMARY COMMENTS

NSYED Administration Summary Comments to the Clinical Laboratory Professions' Draft Regulations
April 1, 2022

Based on the concerns about evolving education standards in the clinical laboratory professions and other professions, we would eliminate part 52 specific education regulations for NY programs. Instead, Part 79-X.1 of each profession defines 1) an acceptable accrediting body and 2) a license qualifying program with minimum degree (associates, bachelor's, master's) and a clinical internship of 300/500 hours that prepares the graduate to practice the specific profession. A NY program would have to meet the standards of the national accrediting body, acceptable to the Department to be registered as leading to licensure in New York. They would not be required to seek national accreditation at this time. If the accreditation standards change, for instance, the NY program would not have to wait for NYSED to amend Part 52 regulations, but would need to comply with the national standards. This would not only keep us consistent with national standards but also provide a more efficient way for programs to maintain the same standards.

Examination requirements are updated, with the biggest change moving the certification that USDHHS standards have been met to the examination requirements, rather than in the education requirements. Also clarified that the candidate must submit the application and fee for licensure and initial registration and verify receipt of the qualifying education in 79-X.2, consistent with other professions.

Limited permits are updated to make them consistent with other professions regarding requirements, including education and moral character, as well as simplifying the criteria for a second permit, similar to language that is used in SW, MHP, Psychology and other professions. Although the law uses "year" for permits, we are using "months" because an individual may leave a permit setting after 1 or 2 months and then apply for a different permit for the remaining time; this clarifies the time available, for additional or change of setting/supervisor permits, again, consistent with how we handle permits in other professions.

New endorsement language requires application, fee, verification of license in other jurisdictions in any profession, documentation of 2 years post-license experience and acceptable exam/education in the other jurisdiction. Again, this is consistent with Education Law and Regulations that allow endorsement in other professions and can be processed by DPLS without the need for Board office review except in the rare cases. This not only allows a faster pathway to licensure but is consistent with the approach we are implementing in other professions.

The provisional permit sections in 79-X.5 cite the appropriate law and require the applicant to meet specific criteria for those professions with the provisional permit.

These changes, if implemented, should provide the flexibility and consistency that will allow us to maintain standards that mirror those in other jurisdictions and used by national accrediting bodies.

DRAFT REGULATIONS

AMENDMENT TO THE REGULATIONS OF THE COMMISSIONER OF EDUCATION

Pursuant to sections 207, 210, 6501, 6504, 6507, 6508, 8605, 8606, 8606-a, 8608 and 8610 of the Education Law

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1. Section 52.38 of the Regulations of the Commissioner of Education is REPEALED.

[§52.38 Clinical laboratory technology.

In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to licensure as a clinical laboratory technologist, which meets the requirements of section 79-13.1 of this Title, the program shall:

a. be a program in clinical laboratory technology leading to a baccalaureate or higher degree or advanced certificate which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement, and which is designed and conducted to prepare graduates to practice clinical laboratory technology using independent judgment and responsibility;

b. include coursework, which shall include a laboratory component in each area, in each of the following subject areas or their equivalent as determined by the department:

   1. inorganic chemistry;
   2. analytic chemistry and/or biochemistry;
   3. clinical chemistry;
   4. physiology, with anatomy content;
   5. immunology/serology;
   6. immunohematology (Blood Bank);
   7. hematology/hemostasis, and body fluids;
   8. molecular biology and diagnostics; and

9. microbiology and clinical microbiology, including bacteriology, mycology, parasitology, and virology; and

c. include curricular content in each of the following subject areas or their equivalent, as determined by the department:

1. organic chemistry;
2. statistics;
3. infection control and universal precautions (standard precautions);
4. the maintenance of equipment and records; and
5. ethics; and

d. include a supervised clinical experience of at least 30 hours per week for at least 24 weeks or its equivalent as determined by the department, in the practice of clinical laboratory technology, which provides the student with clinical experience that includes but is not limited to: hematology/hemostasis, clinical chemistry, immunohematology, urinalysis/body fluids, clinical microbiology, and immunology.]

2. Section 79-13.1 of the Regulations of the Commissioner of Education is amended as follows:

79-13.1 Professional study of clinical laboratory technology.

a. Applicability. For purposes of this section, applicants applying for licensure as a clinical laboratory technologist on or after September 1, 2013 shall meet the professional education requirements for licensure as a clinical laboratory technologist as defined in Education Law §8601(1) as set forth in subdivision (b) of this section.

b. General professional education requirements for applicants applying for licensure as a clinical laboratory technologist.

1. As used in this subdivision, acceptable accrediting agency shall mean an organization accepted by the department as a reliable authority for the purpose of accrediting programs in clinical laboratory technology, or a similar

title, which applies its criteria for granting accreditation in a fair, consistent, and nondiscriminatory manner.

2. To meet the professional education requirement for licensure as a clinical laboratory technologist, the applicant shall present satisfactory evidence of:
    i. successful completion of a bachelor's or higher degree program in clinical laboratory technology registered as leading to licensure as a clinical laboratory technologist, including receipt of the degree. The program shall prepare graduates to practice clinical laboratory technology using independent judgment and responsibility and include appropriate coursework, including a supervised clinical experience of at least 500 hours in the practice of clinical laboratory technology; or
    ii. successful completion of a bachelor's or higher degree program in clinical laboratory technology, including receipt of the degree, from a program that is accredited by an acceptable accrediting agency or a program that is substantially equivalent to such a registered or accredited program as determined by the department; or
    iii. successful completion of a bachelor's or higher degree in clinical laboratory technology from a program located outside the United States and its territories that is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a clinical laboratory technologist, has been verified in accordance with subdivision (c) of section 59.2 of this Title, and which is determined by the department to be the substantial equivalent to a registered or accredited program, as determined by the department; or
    iv. successful completion of both:
        a. a bachelor's or higher degree in the major of biology, chemistry, or the physical sciences registered pursuant to Part

52 of this Title or its substantial equivalent as determined by the department that includes 16 semester hours in biology, including at least 3 semester hours in microbiology, and 16 semester hours in chemistry, including at least 3 semester hours in analytical chemistry or biochemistry; and

b. a program in clinical laboratory technology registered as leading to licensure as a clinical laboratory technologist by the department or accredited by an accrediting body for clinical laboratory technology; or

c. a credit-bearing program in clinical laboratory technology substantially equivalent to such a registered or accredited program as determined by the department. Such equivalent program must be offered by a degree-granting institution accredited by an acceptable institutional accreditor or offered by a degree-granting institution in a country outside the United States and its territories recognized by the appropriate civil authorities of the jurisdiction

3. Section 79-13.2 of the Regulations of the Commissioner of Education is amended as follows:

79-13.2 Licensing examination.

a. Content. To meet the examination requirement for licensure as a clinical laboratory technologist, the candidate shall pass a general examination for clinical laboratory technologists that is determined by the department to measure the applicant's knowledge, judgment, and skills concerning practice as a clinical laboratory technologist, as defined in section 8601(2)(a) of the Education Law, and to be offered by an organization that has satisfactory administrative and psychometric procedures in place to offer the examination.

b. Passing score. The department shall accept scores on the examination satisfactory to the State Board for Clinical Laboratory Technology, as meeting the requirement for passing the licensing examination. The applicant shall pass the examination with a converted score of at least 75, as determined by the State Board for Clinical Laboratory Technology.

c. Requirements for admission to the examination. To be admitted to the licensing examination, the candidate shall be required to:

1) file an application for licensure with the department;

2) pay the fee for the initial license and the $170 fee for the first registration period, as prescribed in the Education Law;

3) present satisfactory evidence of having met the education requirement for licensure as a clinical laboratory technologist, as prescribed in section 79-13.1 of this Part, including being awarded the bachelor's or higher degree; and

4) certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a clinical laboratory technologist in New York State, in accordance with written guidance from the department.

4. Section 79-13.3 of the Regulations of the Commissioner of Education is AMENDED as follows:

79-13.3 Limited permits.

a. As authorized by section 8608 of the Education Law, upon recommendation of the State Board for Clinical Laboratory Technology, the department may issue a limited permit to practice as a clinical laboratory technologist to an applicant for licensure who meets the requirements of this section.

b. The applicant for a limited permit to practice as a clinical laboratory technologist shall:

1. file an application for a limited permit with the department and pay the initial licensure and registration fee, as prescribed in section 8605(1) of the Education Law, and a limited permit fee of fifty dollars;
2. meet all requirements for licensure as a clinical laboratory technologist, including but not limited to the moral character and education requirements, except the examination requirement;
3. submit adequate documentation that the applicant will be under the general supervision of the director of a clinical laboratory, as defined in section 571 of the Public Health Law, in accordance with the requirements of this paragraph.
    i. Such documentation shall identify the director of the clinical laboratory who has responsibility for providing general supervision of the applicant's work while under the limited permit, and include a signed statement by the director of the clinical laboratory certifying that he or she will provide general supervision of the applicant's experience. If a director cannot carry out his or her duties, or is replaced by a new or interim director, the limited permit holder shall submit to the department on a form prescribed by the department the name of the new director who has assumed supervisory responsibility of the permit holder.
    ii. For purposes of this section, under the general supervision of the director of a clinical laboratory shall mean that the permit holder shall be supervised by a director of a clinical laboratory who shall:
        a. serve the laboratory full-time, or on a regular part-time basis;
        b. ensure the supervision of the technical performance of the permit holder, and be readily available for consultation with the permit holder, as needed; and
        c. be responsible for the performance and findings of all tests carried out by the limited permit holder, either by directly

overseeing such testing, or by delegating this responsibility to authorized qualified supervisors who are on site within the laboratory.

c. The limited permit issued pursuant to this section shall be valid for a period of not more than 12 months, provided that the limited permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and permit fee, if the department determines that the permit holder has made good faith efforts to successfully complete the examination requirement but has not passed the licensing examination or has other good cause as determined by the department for not completing the examination requirement, and provided further that the time authorized by such limited permit and subsequent extension shall not exceed 24 months total.

5. Section 79-13.4 of the Regulations of the Commissioner of Education is REPEALED and replaced as follows:

79-13.4 License by endorsement of certain clinical laboratory technologists.

An applicant seeking endorsement of a license in clinical laboratory technology issued by another state, country or territory shall present evidence of:

(a) age, the applicant shall be at least 18 years of age at the time of application;

(b) licensure by another jurisdiction with standards equivalent to New York State as determined by the department;

(c) completion and award of a bachelor's or higher degree in clinical laboratory technology, that at the time of completion qualified the applicant for licensure as a clinical laboratory technologist in the other jurisdiction;

(d) passage of an examination acceptable to the department for the practice of clinical laboratory technology;

(e) documentation acceptable to the department of at least two years of experience as a clinical laboratory technologist following licensure in such jurisdiction;

(f) good moral character as determined by the department; and

(g) acceptable licensure and discipline status in each jurisdiction in which the applicant holds a professional license.

79-13.5 Restricted license.

1. (no changes)….

6. Section 79-13.6 of the Regulations of the Commissioner of Education is RENAMED AND AMENDED as follows:

79-13.6 Provisional Permit.

a. In accordance with section 8608(2) of the Education Law, the department may issue a provisional permit pursuant to which the provisional permit holder may perform examinations and procedures within the definition of clinical laboratory technology set forth in 8601(1) of the Education Law, subject to the requirements set forth in section 8608(2) of the Education Law and this section. In addition to the requirements for a provisional permit established in Education Law section 8608(2), to qualify for a provisional permit as a clinical laboratory technologist, an applicant shall satisfy one of the following requirements:

   1. licensed as a clinical laboratory technologist, or the equivalent as determined by the department, in another jurisdiction; or
   2. received a bachelor's or higher degree in the biological, chemical, or physical sciences, and training in a clinical laboratory, provided such education and training are acceptable to the department. Such training shall include, but need not be limited to, training as a specialist; clinical experience in the practice of clinical laboratory technology, which provides supervised clinical experience that includes hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids, and clinical microbiology or the substantial equivalent of such training or clinical experience, as determined by the department; or

3. received a bachelor's or higher degree in the biological, chemical, or physical sciences or in mathematics, and have served as a research assistant in a research laboratory, under the direction of the director or the principal researcher of such research laboratory, working on the research and development of any procedures and examinations to be conducted by a laboratory, as defined in Title V of Article 5 of the Public Health Law, on material derived from the human body which provides information for the diagnosis, prevention or treatment of a disease or assessment of a human medical condition.

b. An applicant for a provisional permit to practice as a clinical laboratory technologist shall:

1. file an application for a provisional permit with the department and pay the $345 provisional permit fee, as prescribed in section 8608(2)(b)(v) of the Education Law;
2. be at least 18 years of age;
3. be of good moral character as determined by the department;
4. be under the supervision of the director of a clinical laboratory, as determined by the department; and.
5. certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a clinical laboratory technologist in New York State, in accordance with written guidance from the department.

c. The provisional permit is valid for a period of not more than 12 months, provided that the provisional permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and provisional permit fee, if the department determines that the provisional permit holder has made good faith efforts to successfully complete the education and/or examination requirements but has not completed the necessary

course work or has not passed the licensing examination or has other good cause as determined by the department for not completing the requirements, and provided further that the time authorized by such provisional permit and subsequent extension shall not exceed 24 months total.

CYTOTECHNOLOGY

7. Section 52.39 of the Regulations of the Commissioner of Education is REPEALED.

[§52.39 Cytotechnology.

In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to licensure as a cytotechnologist, which meets the requirements of section 79-14.1 of this Title, the program shall:

a. be a program in cytotechnology leading to a baccalaureate or higher degree or advanced certificate which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement; and which is designed to prepare graduates to practice cytotechnology using independent judgment and responsibility;

b. include coursework, which shall include a laboratory component in each area, in each of the following subject areas or their equivalent as determined by the department:

   1. inorganic chemistry;
   2. anatomy and physiology;
   3. cell biology;
   4. cytopathology, including but not limited to, female genital tract, respiratory tract, gastro-intestinal and genitourinary tracts, body fluids, evaluation of

specimens from washes and brushes of all body sites, and evaluation of specimens from fine needle aspiration biopsies of all body sites;

5. cytopreparatory techniques, including but not limited to, preparation, staining and processing of body samples; and
6. microscopic evaluation and interpretation of cytopathology of the sample types and body systems identified in paragraph (4) of this subdivision;

c. include curricular content in each of the following subject areas or their equivalent as determined by the department:

1. organic chemistry;
2. mathematics and statistics;
3. infection control and universal precautions (standard precautions);
4. human genetics;
5. immunology;
6. clinical microbiology;
7. the maintenance of equipment and records; and
8. ethics; and

include a supervised clinical experience of at least 30 hours per week for at least 10 weeks or its equivalent as determined by the department, in the practice of cytotechnology.]

8. Section 79-14.1 of the Regulations of the Commissioner of Education is amended as follows:

79-14.1 Professional study of cytotechnology.

a. Applicability. For purposes of this section, applicants applying for licensure as a cytotechnologist on or after September 1, 2013 shall meet the professional education requirements for licensure as a cytotechnologist as defined in Education Law §8601(2)(b), as set forth in subdivision (b) of this section.

b. General professional education requirements for applicants applying for licensure as a cytotechnologist.

1. As used in this subdivision, acceptable accrediting agency shall mean an organization accepted by the department as a reliable authority for the purpose of accrediting cytotechnology programs which applies its criteria for granting accreditation in a fair, consistent, and nondiscriminatory manner.
2. To meet the professional education requirement for licensure as a cytotechnologist, the applicant shall present satisfactory evidence of:
    i. successful completion of a bachelor's or higher degree program in cytotechnology registered as leading to licensure as a cytotechnologist, including receipt of the degree. The program shall prepare graduates to practice cytotechnology using independent judgment and responsibility and include appropriate coursework and a supervised clinical experience for at least 300 hours appropriate to the practice of cytotechnology; or
    ii. successful completion of a bachelor's or higher degree program in cytotechnology, including receipt of the degree, from a program that is accredited by an acceptable accrediting agency or a program that is substantially equivalent to such a registered or accredited program as determined by the department; or
    iii. a bachelor's or higher degree in cytotechnology from a program located outside the United States and its territories that is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a cytotechnologist, has been verified in accordance with subdivision (c) of section 59.2 of this Title, and which is determined by the department to be the substantial equivalent to a registered or accredited program, as determined by the department;]

9. Section 79-14.2 of the Regulations of the Commissioner of Education is amended as follows:

79-14.2 Licensing examination.

a. Content. To meet the examination requirement for licensure as a cytotechnologist, the candidate shall pass a general examination for cytotechnologists that is determined by the department to measure the applicant's knowledge, judgment, and skills concerning practice as a cytotechnologist, as defined in section 8601(2)(b) of the Education Law, and to be offered by an organization that has satisfactory administrative and psychometric procedures in place to offer the examination.

b. Passing score. The department shall accept scores on the examination satisfactory to the State Board for Clinical Laboratory Technology, as meeting the requirement for passing the licensing examination. The applicant shall pass the examination with a converted score of at least 75, as determined by the State Board for Clinical Laboratory Technology.

c. Requirements for admission to the examination. To be admitted to the licensing examination, the candidate shall be required to:

1) file an application for licensure with the department;
2) pay the fee for the initial license and the $170 fee for the first registration period, as prescribed in the Education Law;
3) present satisfactory evidence of having met the education requirement for licensure as a cytotechnologist as prescribed in 79-14.1 of this Part, including being awarded the bachelor’s or higher degree; and
4) certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a cytotechnologist in New York State, in accordance with written guidance from the department.

10. Section 79-14.3 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-14.3 Limited permits.

a. As authorized by section 8608 of the Education Law, upon recommendation of the State Board for Clinical Laboratory Technology, the department may issue a limited permit to practice as a cytotechnologist to an applicant for licensure who meets the requirements of this section.

b. The applicant for a limited permit to practice as a cytotechnologist shall:

1. file an application for a limited permit with the department and pay the initial licensure and registration fee, as prescribed in section 8605(2) of the Education Law, and a limited permit fee of fifty dollars;
2. have met all requirements for licensure as a cytotechnologist, including but not limited to the moral character and education requirements, except the examination requirement; and
3. submit adequate documentation that the applicant will be under the general supervision of the director of a clinical laboratory, as defined in section 571 of the Public Health Law, in accordance with the requirements of this paragraph.

i. Such documentation shall identify the director of the clinical laboratory who has responsibility for providing general supervision of the applicant's work while under the limited permit, and include a signed statement by the director of the clinical laboratory certifying that he or she will provide general supervision of the applicant's experience. If a director cannot carry out his or her duties, or is replaced by a new or interim director, the limited permit holder shall submit to the department on a form prescribed by the department the name of the new director who has assumed supervisory responsibility of the permit holder.

ii. For purposes of this section, under the general supervision of the director of a clinical laboratory shall mean that the permit holder shall be supervised by a director of a clinical laboratory who shall:

a. serve the laboratory full-time, or on a regular part-time basis;

b. ensure the supervision of the technical performance of the permit holder, and be readily available for consultation with the permit holder, as needed; and

c. be responsible for the performance and findings of all tests carried out by the limited permit holder, either by directly overseeing such testing, or by delegating this responsibility to authorized qualified supervisors who are on site within the laboratory.

c. The limited permit issued pursuant to this section shall be valid for a period of not more than12 months, provided that the limited permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and permit fee, if the department determines that the permit holder has made good faith efforts to successfully complete the examination requirement but has not passed the licensing examination or has other good cause as determined by the department for not completing the examination requirement, and provided further that the time authorized by such limited permit and subsequent extension shall not exceed 24 months total.

11. Section 79-14.4 of the Regulations of the Commissioner of Education is REPEALED and REPLACED AS FOLLOWS:

79-14.4 License by endorsement of certain cytotechnologists.

An applicant seeking endorsement of a license in cytotechnology issued by another state, country or territory shall present evidence of:

(a) age, the applicant shall be at least 18 years of age at the time of application;

(b) licensure by another jurisdiction with standards equivalent to New York State as determined by the department;

(c) completion and award of a bachelor's or higher degree in cytotechnology, that at the time of completion qualified the applicant for licensure as a cytotechnologist in the other jurisdiction;

(d) passage of an examination acceptable to the department for the practice of cytotechnology;

(e) documentation acceptable to the department of at least two years of experience as a cytotechnologist following licensure in such jurisdiction;

(f) good moral character as determined by the department; and

(g) acceptable licensure and discipline status in each jurisdiction in which the applicant holds a professional license.

CLINICAL LABORATORY TECHNICIAN

12. Section 52.40 of the Regulations of the Commissioner of Education is REPEALED

[§52.40 Clinical laboratory technician.

In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to certification as a clinical laboratory technician, which meets the requirements of section 79-15.1 of this Title, the program shall:

a. be a clinical laboratory technician program leading to an associate or higher degree which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement;

b. include coursework, which shall include a laboratory component in each area, in each of the following subject areas or their equivalent as determined by the department:

   1. inorganic chemistry;

   2. clinical chemistry;

3. physiology, with anatomy content;
4. microbiology, including clinical microbiology;
5. immunology and serology;
6. hematology/ hemostasis;
7. clinical microscopy, including body fluids; and
8. immunohematology;

c. include curricular content in each of the following subject areas or their equivalent as determined by the department:

1. statistics;
2. infection control and universal precautions; and
3. ethics; and

d. include a supervised clinical experience of at least 30 hours per week for at least 10 weeks or its equivalent as determined by the department, in the practice of clinical laboratory technician, which provides the student with clinical experience that includes but is not limited to: hematology, hemostasis, immunohematology, immunology, clinical chemistry, urinalysis/body fluids, and clinical microbiology.]

13. Section 79-15.1 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-15.1 Professional study of clinical laboratory technician.

a. Applicability. For purposes of this section, applicants applying for licensure as a clinical laboratory technician on or after September 1, 2013 shall meet the professional education requirements for professional certification as a clinical laboratory technician as defined in Education Law §8606 as set forth in subdivision (b) of this section.

b. General professional education requirements for applicants applying for certification as clinical laboratory technicians.

1. As used in this subdivision, acceptable accrediting agency shall mean an organization accepted by the department as a reliable authority for the

purpose of accrediting clinical laboratory technician programs which applies its criteria for granting accreditation in a fair, consistent, and nondiscriminatory manner.

2. To meet the professional education requirement for admission to the examination for certification as a clinical laboratory technician, the applicant shall present satisfactory evidence of completing:
   i. an associate or higher degree registered as leading to certification as a clinical laboratory technician , including receipt of the degree. The program shall include appropriate coursework, including a supervised clinical experience of at least 300 hours in the practice of clinical laboratory technician as defined in Education Law §8601(2)(c); or
   ii. an associate or higher degree in clinical laboratory technician, including receipt of the degree, from a program that is accredited by an acceptable accrediting agency or a program that is substantially equivalent to such a registered or accredited program as determined by the department.

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14. Section 79-15.2 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-15.2 Licensing examination.

a. Content. To meet the examination requirement for professional certification as a clinical laboratory technician, the candidate shall pass a general examination for clinical laboratory technicians that is determined by the department to measure the applicant's knowledge, judgment, and skills concerning practice as a clinical laboratory technician, as defined in section 8601(2)(c) of the Education Law, and to be offered by an organization that has satisfactory administrative and psychometric procedures in place to offer the examination.

b. Passing score. The department shall accept scores on the examination satisfactory to the State Board for Clinical Laboratory Technology, as meeting the requirement

for passing the licensing examination. The applicant shall pass the examination with a converted score of at least 75, as determined by the State Board for Clinical Laboratory Technology.

c. Requirements for admission to the examination. To be admitted to the licensing examination, the candidate shall be required to:

1) file an application for licensure with the department;
2) pay the fee for the initial license and the $170 fee for the first registration period, as prescribed in the Education Law;
3) present satisfactory evidence of having met the education requirement for licensure as a clinical laboratory technician, as prescribed in section 79-15.1 of this part, including receipt of the degree; and
4) certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a clinical laboratory technician in New York State, in accordance with written guidance from the department.

15. Section 79-15.3 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-15.3 Limited permits.

a. As authorized by section 8608 of the Education Law, upon recommendation of the State Board for Clinical Laboratory Technology, the department may issue a limited permit to practice as a clinical laboratory technician to an applicant for certification who meets the requirements of this section.

b. The applicant for a limited permit to practice as a clinical laboratory technician shall:

1. file an application for a limited permit with the department and pay the initial certification and registration fee, as prescribed in section 8606 of the Education Law, and a limited permit fee of fifty dollars;

2. have met all requirements for certification as a clinical laboratory technician, including but not limited to the moral character and education requirements, except the examination requirement;
3. submit adequate documentation that the applicant will be under the general supervision of the director of a clinical laboratory, as defined in section 571 of the Public Health Law, in accordance with the requirements of this paragraph.
    i. Such documentation shall identify the director of the clinical laboratory who has responsibility for providing general supervision of the applicant's work while under the limited permit, and include a signed statement by the director of the clinical laboratory certifying that he or she will provide general supervision of the applicant's experience. If a director cannot carry out his or her duties, or is replaced by a new or interim director, the limited permit holder shall submit to the department on a form prescribed by the department the name of the new director who has assumed supervisory responsibility of the permit holder.
    ii. For purposes of this section, under the general supervision of the director of a clinical laboratory shall mean that the permit holder shall be supervised by a director of a clinical laboratory who shall:
        a. serve the laboratory full-time, or on a regular part-time basis;
        b. ensure the supervision of the technical performance of the permit holder, and be readily available for consultation with the permit holder, as needed; and
        c. be responsible for the performance and findings of all tests carried out by the limited permit holder, either by directly overseeing such testing, or by delegating this responsibility to authorized qualified supervisors who are on site within the laboratory.

c. The limited permit issued pursuant to this section shall be valid for a period of not more than 12 months, provided that the limited permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and permit fee, if the department determines that the permit holder has made good faith efforts to successfully complete the examination requirement but has not passed the licensing examination or has other good cause as determined by the department for not completing the examination requirement, and provided further that the time authorized by such limited permit and subsequent extension shall not exceed 24 months total.

16. Section 79-15.4 of the Regulations of the Commissioner of Education is REPEALED AND REPLACED AS FOLLOWS:

79-15.4 License by endorsement of certain clinical laboratory technicians.

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An applicant seeking endorsement of a license as a clinical laboratory technician issued by another state, country or territory shall present evidence of:

(a) age, the applicant shall be at least 18 years of age at the time of application;

(b) licensure by another jurisdiction with standards equivalent to New York State as determined by the department;

(c) completion and award of an associate's or higher degree, that at the time of completion qualified the applicant for licensure as a clinical laboratory technician in the other jurisdiction;

(d) passage of an examination acceptable to the department for the practice as a clinical laboratory technician;

(e) documentation acceptable to the department of at least two years of experience as a clinical laboratory technician;

(f) good moral character as determined by the department; and

(g) acceptable licensure and discipline status in each jurisdiction in which the applicant holds a professional license.

Histological Technician

17. Section 52.41 of the Regulations of the Commissioner of Education is REPEALED

[§52.41 Histological technician.

In addition to meeting all applicable provisions of this Part, to be registered as a program recognized as leading to certification as a histological technician, which meets the requirements of section 79-16.1 of this Title, the program shall:

a. be a histological technician program leading to an associate or higher degree which contains didactic and clinical education that integrates pre-analytical, analytical, and post-analytical components of laboratory services, including the principles and practices of quality assurance/ quality improvement;
b. include curricular content in each of the following subject areas or their equivalent as determined by the department:
    1. anatomy and physiology;
    2. inorganic chemistry;
    3. histology, to include microscopic analysis;
    4. histological techniques, to include microtome techniques, chemistry of stains, and staining techniques;
    5. quality assurance;
    6. ethics; and
    7. infection control and universal precautions; and
c. include a supervised clinical experience of at least 30 hours per week for at least 8 weeks, or its equivalent as determined by the department, in the practice of histological technician.]

18. Section 79-16.1 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-16.1 Professional study of histological technician.

a. Applicability. For purposes of this section, applicants applying for certification as a histological technician on or after September 1, 2013 shall meet the professional education requirements for professional certification in histological technician as defined in Education Law §8601(2)(d) as set forth in subdivision (b) of this section.

b. General professional education requirements for applicants applying for certification as histological technicians.

1. As used in this subdivision, acceptable accrediting agency shall mean an organization accepted by the department as a reliable authority for the purpose of accrediting histological technician programs which applies its criteria for granting accreditation in a fair, consistent, and nondiscriminatory manner.

2. To meet the professional education requirement for certification as a histological technician, the applicant shall present satisfactory evidence of:

i. successful completion of an associate or higher degree in a histological technician program registered as leading to certification as a histological technician, including receipt of the degree. The program shall prepare graduates to practice as a histological technician and include appropriate coursework, including a supervised clinical experience of at least 300 hours in the practice as a histological technician; or

ii. successful completion of an associate or higher degree program in histological technician, including receipt of the degree, from a program that is accredited by an acceptable accrediting agency or a program that is substantially equivalent to such a registered or accredited program as determined by the department; or

iii. an associate or higher degree as a histological technician from a program located outside the United States and its territories that is recognized by the appropriate civil authorities of the jurisdiction in which the program is offered as a program that prepares the applicant for professional practice as a histological technician, has been verified in accordance with subdivision (c) of section 59.2 of this Title, and which is determined by the department to be the substantial equivalent to a registered or accredited program as determined by the department..

19. Section 79-16.2 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-16.2 Licensing examination.

a. Content. To meet the examination requirement for professional certification as a histological technician, the candidate shall pass a general examination for histological technicians that is determined by the department to measure the applicant's knowledge, judgment, and skills concerning practice as a histological technician, as defined in section 8601(2)(d) of the Education Law, and to be offered by an organization that has satisfactory administrative and psychometric procedures in place to offer the examination.

b. Passing score. The department shall accept scores on the examination satisfactory to the State Board for Clinical Laboratory Technology, as meeting the requirement for passing the licensing examination. The applicant shall pass the examination with a converted score of at least 75, as determined by the State Board for Clinical Laboratory Technology.

c. Requirements for admission to the examination. To be admitted to the certification examination, the candidate shall be required to:

1) file an application for licensure with the department;

2) pay the fee for the initial license and the $170 fee for the first registration period, as prescribed in the Education Law;
3) present satisfactory evidence of having met the education requirement for certification as a histological technician, as prescribed in section 79-16.1 of this Part, including being awarded the degree; and
4) certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a histological technician in New York State, in accordance with written guidance from the department.

20. Section 79-16.3 of the Regulations of the Commissioner of Education is AMENDED AS FOLLOWS:

79-16.3 Limited permits.

a. As authorized by section 8608 of the Education Law, upon recommendation of the State Board for Clinical Laboratory Technology, the department may issue a limited permit to practice as a histological technician to an applicant for certification who meets the requirements of this section.
b. The applicant for a limited permit to practice as a histological technician shall:
    1. file an application for a limited permit with the department and pay the initial certification and registration fee, as prescribed in section 8606-a of the Education Law, and a limited permit fee of $50;
    2. have met all requirements for certification as a histological technician, including but not limited to moral character and education requirements, except the examination requirement;
    3. submit adequate documentation that the applicant will be under the general supervision of the director of a clinical laboratory, as defined in section 571 of the Public Health Law, in accordance with the requirements of this paragraph.

i. Such documentation shall identify the director of the clinical laboratory who has responsibility for providing general supervision of the applicant's work while under the limited permit, and include a signed statement by the director of the clinical laboratory certifying that he or she will provide general supervision of the applicant's experience. If a director cannot carry out his or her duties, or is replaced by a new or interim director, the limited permit holder shall submit to the department on a form prescribed by the department the name of the new director who has assumed supervisory responsibility of the permit holder.

ii. For purposes of this section, under the general supervision of the director of a clinical laboratory shall mean that the permit holder shall be supervised by a director of a clinical laboratory who shall:

a. serve the laboratory full-time, or on a regular part-time basis;

b. ensure the supervision of the technical performance of the permit holder, and be readily available for consultation with the permit holder, as needed; and

c. be responsible for the performance and findings of all tests carried out by the limited permit holder, either by directly overseeing such testing, or by delegating this responsibility to authorized qualified supervisors who are on site within the laboratory.

d. The limited permit issued pursuant to this section shall be valid for a period of not more than 12 months, provided that the limited permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and permit fee, if the department determines that the permit holder has made good faith efforts to successfully complete the examination

requirement but has not passed the licensing examination or has other good cause as determined by the department for not completing the examination requirement, and provided further that the time authorized by such limited permit and subsequent extension shall not exceed 24 months total.

21. Section 79-16.4 of the Regulations of the Commissioner of Education is REPEALED AND REPLACED AS FOLLOWS

79-16.4 Certification by endorsement of certain histological technicians.

An applicant seeking endorsement of a license as a histological technician issued by another state, country or territory shall present evidence of:

(a) age, the applicant shall be at least 18 years of age at the time of application;

(b) licensure by another jurisdiction with standards equivalent to New York State as determined by the department;

(c) completion and award of an associate's or higher degree, that at the time of completion qualified the applicant for licensure as a histological technician in the other jurisdiction;

(d) passage of an examination acceptable to the department for the practice of histological technician;

(e) documentation acceptable to the department of at least two years of experience as a histological technician;

(f) good moral character as determined by the department; and

(g) acceptable licensure and discipline status in each jurisdiction in which the applicant holds a professional license.

22. Section 79-16.5 of the Regulations of the Commissioner of Education is RENUMBERED AND AMENDED AS FOLLOWS

79-16.4 Provisional Permit.

In accordance with section 8608(2) of the Education Law, the department may issue a provisional permit pursuant to which the provisional permit holder may perform examinations and procedures within the definition of clinical laboratory technology set forth in 8601(1) of the Education Law, subject to the requirements set forth in Education Law section 8608(2) of the Education Law and this section. In addition to the applicable requirements for a provisional permit established in Education Law section 8608(2), to qualify for a provisional permit as a histological technician, an applicant shall satisfy the following requirements:

a. An applicant shall have received an education acceptable to the department, which shall include an associate or higher degree in the biological, chemical or physical sciences and have documentation submitted to the department by the degree-granting entity, including an official transcript.

b. An applicant for a provisional permit to practice as a histological technician shall:

   1. file the application for a provisional permit with the department and pay the $245 provisional permit fee, as prescribed in section 8608(2)(b)(v) of the Education Law;
   2. be at least 18 years of age;
   3. be of good moral character as determined by the department;
   4. be under the supervision of the director of a clinical laboratory, as determined by the department; and
   5. certify to the department that he or she has reviewed the rules and regulations of the New York State Department of Health and the U.S. Department of Health and Human Services, relating to practice as a histological technician in New York State, in accordance with written guidance from the department.

c. The provisional permit issued pursuant to this section shall be valid for a period of not more than 12 months, provided that the provisional permit may be extended for no more than one additional 12 month period at the discretion of the department upon submission of a renewal application and permit fee, if the department determines that the permit holder has made good faith efforts to successfully complete the education and/or examination requirements but has not passed the certification examination or has other good cause as determined by the department for not completing the education and/or examination requirement, and provided further that the time authorized by such provisional permit and subsequent extension shall not exceed 24 months total.

23. Part 29.2 of the Rules of the Board of Regents is AMENDED as follows:

§ 29.2 General provisions for health professions.

a. Unprofessional conduct shall also include, in the professions of: acupuncture, athletic training, audiology, certified behavior analyst assistant, certified clinical laboratory technician, certified histological technician, registered dental assisting, chiropractic, clinical laboratory technologist, creative arts therapy, cytotechnologist, dental hygiene, dentistry, dietetics/nutrition, licensed behavior analyst, licensed pathologists' assistants, licensed perfusionist, licensed practical nursing, marriage and family therapy, massage therapy, medicine, mental health counseling, midwifery, occupational therapy, occupational therapy assistant, ophthalmic dispensing, optometry, pharmacy, physical therapist assistant, physical therapy, physician assistant, podiatry, psychoanalysis, psychology, registered pharmacy technicians, registered professional nursing, respiratory therapy, respiratory therapy technician, social work, specialist assistant, speech-language pathology (except for cases involving those professions licensed, certified or registered pursuant to the

provisions of article 131 or 131-B of the Education Law in which a statement of charges of professional misconduct was not served on or before July 26, 1991, the effective date of chapter 606 of the Laws of 1991):

EXECUTIVE SECRETARY POSTING

Executive Secretary for the State Board of Professions (Psychology), NS (Management/Confidential)

The New York State Education Department's Office of the Professions (OP) is seeking candidates for the position of Executive Secretary for the State Boards for Psychology, Applied Behavior Analysis, Massage Therapy and Respiratory Therapy. Under the direct supervision of the Deputy Commissioner for OP, the incumbent of this position will lead, liaise, and coordinate tasks for a broad range of activities related to six professions and registration of institutes chartered by the Board of Regents to offer training in psychotherapy. The incumbent will manage the board office staff and will be a key policy advisor to the Deputy Commissioner. Duties of this position include, but are not limited to, the following:

- Provide assistance to the Board of Regents through the New York State Education Department by developing requirements for licensure, reviewing and evaluating applications for licensure, assessing professional practice issues, convening disciplinary panels, providing technical assistance to legislative staff, preparing bill comments, assisting in the development of departmental bills, and other matters regarding professional regulation;
- Confer with OP management staff as well as with State and national associations and others on matters related to practice, professional training, licensure, and other related matters;
- Collaborate with Professional Education to assure that the academic requirements are met, including petitions for a Regents charter, master plan amendments and registration of New York programs, as well as standards for evaluation of out-of-state applicants;
- Interview and recommend prospective Board members to the Department and the Board of Regents;
- Provide support for the State Boards to identify issues of importance and intervene at an early stage, to assist in formulating, implementing and evaluating policies, and to develop and prepare State Board agendas, minutes, and reports;
- Participate in various internal and external activities relating to professional training, licensure, or practice;
- Prepare responses to numerous requests from the field, including licensees, employers and other agencies, for information regarding licensure or practice;

Location: Albany

Grade Level: NS

Negotiating Unit:
Management/Confidential

Salary:
$112,155-$141,538 *Salary will be commensurate with education and experience.

Box #:
OP-1363/20651

Email Address:
opjobs@nysed.gov

Office:
Office of the Professions

Office Information:

Office of Human Resources Management
NYS Education Department
89 Washington Avenue, Room 528 EB
Albany, NY 12234
Fax (518) 486-5631

- Work collaboratively with OP staff to develop application materials, consumer information, plain language information for licensees, and materials for the OP website; and,
- Serve as a member of OP's leadership team, taking on additional or other management responsibilities as assigned.

Minimum Qualifications:

Candidates must be licensed as a Psychologist and registered to practice in New York State, AND have seven years of progressively responsible administrative leadership experience . At least three of the seven years of experience must be in a position involving lead responsibility for program and/or policy matters.

Preferred Qualification:

- Able to demonstrate superior skills in oral and written communications, and especially in developing plain language information to communicate effectively with applicants, licensees and the public;
- Awareness of the role of technology in the professions and in creating effective and efficient communication and processes;
- Public speaking skills;
- Understanding of the legislative process;
- Knowledge of current practice and research in the professions;
- General research and survey skills;
- Experience dealing with governmental, educational, or regulatory boards; and
- Dedication to public protection and a broad, well-developed array of administrative skills, with a background in public administration.

Conditions of Employment:

This position is in the exempt jurisdictional class, and the incumbent will serve at the discretion of the Commissioner of Education. Promotions and transfers may change appointee's negotiating unit. Applicants should be aware that changes in negotiating units may affect their salary, insurance, and other benefits. Filling of this position is contingent on Division of the Budget approval.

All SED employees must be vaccinated against COVID-19 or submit to mandatory weekly testing for COVID-19.

*Salary will be commensurate with education and experience.

Application:

APPLICATION: Recruitment will continue until the position is filled. Qualified candidates should send a resume and letter of interest to opjobs@nysed.gov (email submissions are preferred). Your resume must clearly indicate how you meet the minimum qualifications for this position. You must include the Box number (OP-1363/20651) of

the position in the subject line of your email and cover letter to ensure receipt of your application Your social security number may be required to confirm your eligibility.

Please like us on Facebook!
An Affirmative Action/Equal Opportunity Employer

New York State Education Building
89 Washington Avenue
Albany, NY 12234

NYSED General Information: (518) 474-3852
ACCES-VR: 1-800-222-JOBS (5627)
TASC (formerly GED): (518) 474-5906
New York State Archives: (518) 474-6926
New York State Library: (518) 474-5355
New York State Museum: (518) 474-5877
Office of Higher Education: (518) 486-3633
Office of the Professions: (518) 474-3817
P-12 Education: (518) 474-3862

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Office of the Professions

WEBSITE ADVISORY NOTICE - ASCP EXAM

Clinical Laboratory Technology

Application documents received prior to the date noted below are currently in the initial stage of processing. The timeframe for the review and evaluation of these materials varies. Applications with education from outside the U.S. usually require a lengthier review process. All applicants should allow an additional 6-8 weeks for review after this date before submitting a Contact Us Form to request a status update, as contacting us earlier will delay processing. We cannot provide the status of a licensure application by phone. We thank you for your patience and cooperation.

Profession	Currently Initiating the Process for Items Received
Clinical Laboratory Technologists	3/16/2022
Clinical Laboratory Technicians	3/10/2022
Cytotechnologists	3/21/2022
Histological Technicians	3/16/2022

Advisory Notice: For the latest information on COVID-19 issues impacting the licensed professions, including professional exam updates, please visit OP's COVID-19 website.

Advisory Notice

Additional Courses that may be Acceptable toward Meeting Certain Subject Area Requirements in the Clinical Laboratory Technology, Cytotechnology, and Clinical Laboratory Technician Professions

Part 52 of the Commissioner's Regulations requires that the professional education for clinical laboratory professionals includes coursework in specific subject areas or their equivalent as determined by the Department. The Department has undertaken a recent review of the essential content within those specific subject areas and determined that additional courses may be considered equivalent if, upon review, it is determined by the Department that they sufficiently cover the required topics/contents as outlined in the chart below.

Instructions for Applicants:

If you have previously submitted an application and were found deficient in any of these areas, and you have completed the course(s) that may be acceptable, as identified in the chart below and wish to have your application re-evaluated, please request that your school submits the relevant course syllabus for each course (from the time of your attendance) to CompEd@nysed.gov.

Note: If you withdrew your application and obtained a refund, you are required to submit a new Form 1 and application fee. You may also be required to submit official transcripts and other documents.

Please be advised that requests will be reviewed in the order in which they are received.

Subject Areas	Topics that Must be Covered	Additional Courses that may be Acceptable
Molecular Biology and Diagnostics with Lab [52.38 (b)(8)]	1. The structure and function of nucleic acids 2. Replication, transcription and translation 3. Introduction to polymerase chain reaction (PCR)	Cell Biology with Lab OR Genetics with Lab OR Biochemistry with Lab Note: Acceptable ONLY if you also completed a course in analytic chemistry, or its equivalent
Physiology with Anatomy Content with Lab [52.38(b)(4) and 52.40(b)(3)] **Anatomy and Physiology [52.39(b)(2)]**	Systems that must be covered: Circulatory (cardiovascular); digestive (excretory); endocrine; integumentary/exocrine; lymphatic (immune); muscular; nervous; urinary (renal); reproductive; respiratory; skeletal	Human Biology with Lab
Biochemistry with Lab [52.38(b)(2)]	1. Structure and function of carbohydrates, lipids, proteins, enzymes 2. Cellular respiration 3. Cellular metabolism	Biotechnology with Lab Note: Clinical Chemistry is a required course outlined in regulation and while it may contain similar topics as a Biochemistry course, it cannot be used to meet the Biochemistry requirement.

Advisory Notice:

NYSED has eliminated the September 1, 2001 cutoff date for the licensing examinations in all four (4) laboratory professions: Clinical Laboratory Technologist; Certified Clinical Laboratory Technician; Cytotechnologist; and Certified Histological Technician. If you passed the ASCP examination, you are advised to contact ASCP to request that your examination score is transferred to NYSED. In addition, NYSED accepts the American Society for Clinical Pathology Board of Certification's International (ASCPi) examinations to meet the New York State examination requirement for licensure in each of the four (4) clinical laboratory professions according to the chart below. This notice applies to the Department's acceptance of these examinations. The Department still does not accept national or international **certification** for licensure in New York State. Applicants must still meet the professional education requirements as outlined on our website.

Clinical Laboratory Technologist Exam Requirements	**Date Accepted for Licensure**
ASCP (MLS)	No cutoff date *NEW*
ASCPi (MLS)	January 1, 2015
Clinical Laboratory Technician Exam Requirements	**Date Accepted for Licensure**
ASCP (MLT)	No cutoff date *NEW*
ASCPi (MLT)	October 1, 2014
Cytotechnologist Exam Requirements	**Date Accepted for Licensure**
ASCP (CT)	No cutoff date, NEW
ASCPi (CT)	April 1, 2015
Histological Technician Exam Requirements	**Date Accepted for Licensure**
ASCP (HT)	No cutoff date *NEW*
ASCPi (HT)	April 1, 2015
ASCP (HTL)	No cutoff date *NEW*
ASCPi (HTL)	October 1, 2014

Federal Initiatives Related to Nurses and Clinical Laboratory Practice

Two federal initiatives (described below) have caused concern among some professionals in New York.

- The federal Department of Veterans Affairs (VA) proposed a regulation to allow Advanced Practice Registered Nurses to supervise and perform laboratory tests in VA laboratory facilities. New York State does not regulate VA laboratory facilities or VA laboratory staff.
- The Centers for Medicare & Medicaid Services (CMS) indicated that that Clinical Laboratory Improvement Act (CLIA) allows RNs with BSNs to perform moderate and high complexity laboratory tests and RNs with ADNs to perform moderate complexity tests. CLIA does not apply to New York State Clinical Laboratories or to any staff who work for these laboratories. Federal Law specifically allows New York State to regulate New York State Clinical Laboratories in accordance with New York State Law.

Please see Questions & Answers related to Practice of Clinical Laboratory Technology Professionals for an Advisory related to these initiatives.

Clinical Laboratory Technology Practitioners are clinical laboratory technologists, cytotechnologists, certified clinical laboratory technicians and certified histological technicians who work in licensed clinical laboratories and practice clinical laboratory technology.

Clinical Laboratory Technology Practitioners are an essential part of the team of health care professionals. They perform tests and procedures on all bodily fluids and tissue that are critical to the diagnostic process in determining health and disease. They also have a critical role in determining the nature of substances that are used by bioterrorists.

At least 70% of all diagnoses rely on testing done by clinical laboratory technology professionals.

EMAIL REGARDING ASCP EXAM

Nancy Wiley

From: Nancy Wiley
Sent: Friday, March 25, 2022 11:37 AM
To: CLINLABD; Eloise Aita, PhD; Kellogg, Amy; Amy Nickson; Rauch, Beverly H (HEALTH); kroach@hanys.org; Rita Romano; maggiebruno@outlook.com; waltman@gnyha.org; David Kranz
Cc: Suzanne Sullivan
Subject: Elimination of the ASCP September 1, 2001 Examination Cutoff Date + Other News

Good morning –

You may recall that the Clinical Laboratory Technology Board recommended elimination of the ASCP September 1, 2001 cutoff date at their November 16, 2021 Board meeting. The Department has accepted the Clinical Laboratory Technology Board's recommendation and there will no longer be a cutoff date for the ASCP examinations. Applicants who passed the ASCP BOC exam in any of the four (4) clinical laboratory professions are being advised to contact ASCP to have their scores transferred to the Department. An advisory notice has been posted and the license requirements have been updated here (CLT and CCLT) and here (CT and CHT/HT).

Please direct all inquiries to clinlabd@nysed.gov.

If you would like to discuss further, please let me know.

The Clinical Laboratory Technology Board will be holding a Board meeting on April 8, 2022. Information will be posted here.

In other news, I'll be retiring soon! My last day in the office will be May 26th. Suzanne Sullivan will be taking over as the Executive Secretary to the Clinical Laboratory Technology board. Suzanne has extensive experience at SED as the Executive Secretary to the State Board for Nursing and the State Board for Respiratory Therapy. Suzanne and David Hamilton, Assistant Commissioner of Professional Licensing and Practice, will be participating at the April 8th Board meeting.

It's been such a pleasure working with all of you over the years, especially the last couple of years!

Take care,

Nancy

Nancy Wiley, MSEd, MT (ASCP), CLT
Acting Executive Secretary

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State Board for Clinical Laboratory Technology
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CLEANUP BILL
DRAFT SUMMARY

Changes between this draft and S7020

1. Add a new section to amend section 8600 to add histotechnologist title.

2. Further amend section 8601 to change histological technologist and histological technician to histotechnologist and histotechnician respectively and move histotechnologist higher in the definition section.

3. Further amend section 8602 to reflect new title and to clarify that a clinical laboratory technologist or cytotechnologist can practice as a histotechnologist to match this allowance for the technician title.

4. Add new section to amend section 8603 to add reference to histotechnologist and change histological technician to histotechnician.

5. Add new section to amend section 8604 to address the role of histotechnologist and histotechnician on the state board for clinical laboratory technology.

6. Further amend section 8605 (1)(b) to clarify the expanded pathways to licensure in New York.

7. Further amend section 8605 (2)(b) to clarify national recognition.

8. Further amend section 8606 (2) to clarify the expanded pathways to licensure in New York.

9. Add a new section to amend section 8606-a to change histological technician to histotechnician.

10. Further amend section 8606-a (2) to clarify the expanded pathways to licensure in New York.

11. Further amend the creation of section 8606-b to reflect the title change to histotechnologist, change certification to licensure because this is a technologist level title, clarify the expanded pathways to licensure in New York and amend the license fee for histotechnologist to match the license fee for the other technologist licenses.

12. Add a new section amending section 8608 (2) of the education law to reflect the change of histological technician to histotechnician.

13. Further amend section 8608 (b) of the education law to make clarifying changes to the process for obtaining a provisional permit and adjust the fee to reflect a typo from the original draft of the fee.

14. Add a new section amending section 8609 to reflect the new histotechnologist title being created and to clarify licensure vs. certification.

15. This section is the effective date.

FAQS

FAQ Suggestions 2022

1. Can a person without a New York State Clinical Laboratory Technologist license function as a QA/QC Manager?

   Response: Based on the definition of duties performed by a licensed clinical laboratory technologist, it would be necessary for a QC/QA Manager to possess a license if the individual is responsible for determining the acceptability of quality control, and the subsequent patient test result. The person in this position most commonly is a supervisory qualified individual who should be licensed and have some hands-on testing knowledge. The duties expected of a QA/QC Manager commonly require critical thinking and critical judgment, and there are clinical ramifications to their decisions. While an individual without a license in clinical laboratory technology might be able to function as a QA/QC Manager, the person may not have any interaction with patient results for laboratory testing if the person is not licensed. A QA manager who is not involved in determining the acceptability of quality control may be doing other tasks, such as creating general policies that are approved by the laboratory director. The tasks in the job description define whether licensure is required, rather than the individual's title.

2. Can an unlicensed person approve and manage QC in a laboratory?

   Response: Quality control (QC) is required prior to any patient laboratory testing for any instrumentation or analyzer. Patient care could be compromised if an unlicensed individual runs the QC and is not involved with patient testing. It is expected that a clinical laboratory technologist performs this task since it does require critical thinking and can affect patient care if performed or reviewed with errors.

3. Can an unlicensed person enter proficiency testing results into the system and send results electronically to the proficiency testing body?

Response: Proficiency testing requires critical thinking and clinical judgment. The results should be treated as if they are patient samples and therefore should be entered into the system by a licensed clinical laboratory technologist. Proficiency testing is required by regulatory compliance to treat the proficiency specimen exactly as if it is a patient specimen. If laboratories use clerical staff to enter proficiency testing results into the system, similar to performing manual data entry of results obtained from a reference laboratory into their laboratory's laboratory information system, a technologist or technician should review and verity the results before the results are released. Licensed personnel are ultimately responsible for performing patient and proficiency testing specimens and resulting the tests.

4. Blood Bank: Can an unlicensed individual irradiate blood products?
   Response: Yes. A license is not required to irradiate blood products. The individual must be trained an competent to perform the activity.

5. Blood Bank: Can an unlicensed individual release blood products?
   Previous Response in Emails: This is mostly a clerical function, checking labels against information in the computer and associated paperwork but it does involve the need to document a visual inspection of the blood product.

6. Can an unlicensed individual enter blood products into the Laboratory Information System upon receipt?
   Previous Response in Emails: This is mostly a clerical function, using bar-coded labels on the blood product, but it does involve documenting a visual inspection of the blood products and their storage conditions upon arrival.

7. Blood Bank: Can an unlicensed individual thaw plasma and cryoprecipitate? This was discussed at the September 8, 2020 Board meeting. The Board determined that further discussion was needed.

8. Blood Bank: Do individuals who process blood into components and distribute to clients require licensure? If the activities do not require critical thinking or clinical judgment, a license is not required for activities such as the following, provided that the individual is trained and competent to perform such activities:

    - Locate and identify donation number on the front of the primary bag of whole blood;
    - Enter component production into the system and scan temporary component code labels;
    - Centrifuge blood using specified spin and temperature setting based on the number of bags;
    - Clamp the tubing between the primary and satellite bags with a hemostator clip;
    - Verify that the satellite bag(s) has the same donation number as the primary bag;
    - Inspect blood container(s) for damage, discoloration or contamination;
    - Inspect each blood product throughout all phases of the manufacturing process for abnormal appearance;
    - Initiate leukoreduction;
    - Initiate irradiation;
    - Inspect product labels including any special attribute label; and
    - Bring to a supervisor any blood product failing any visual inspection.

9. Provisional permit questions
    a. I have a bachelor's degree in biology and received clinical training while working in a lab in New York State prior to 2009. Am I eligible for a provisional permit? Response: If your training was received in all areas of the clinical laboratory prior to 2009, you may be eligible for a provisional permit.
    b. My provisional permit expired and I've exhausted all renewals. Can I practice? Response: You may only practice if you obtain a license to practice or are working in an exempt setting as defined in §8609 of Education law.

RESTRICTED LICENSES - BOARD DISCUSSION

Restricted Licenses

Question for the Board: Should an applicant for a restricted license be required to complete the one-year training after submitting the restricted license application or should the Department accept a one-year training completed elsewhere? Ex: An applicant for a toxicology restricted license has worked in a toxicology lab in NJ for more than one year and has completed all of the required training as outlined in statute and regulations. Does the statute or regulations allow for this? Counsel is also reviewing this.

Statute:

§ 8610. Restricted clinical laboratory licenses.

(1)(c) To qualify for a restricted license, an applicant shall:

(iii) have completed a training program with a planned sequence of supervised employment or engagement in activities appropriate for the area of certification, which training program is satisfactory to the department in quality, breadth, scope and nature and is provided by an entity that shall be responsible for the services provided. The training program shall be described and attested to by the clinical director of the laboratory in which it is located prior to the beginning of the program. The duration of the training program shall be one year of full- time training in the specific areas in which the applicant is seeking certification or the part-time equivalent thereof, as determined by the department, and the successful completion of such program shall be certified by a laboratory director who is responsible for overseeing such program;

Regulation:

79-13.5 Restricted license.

C. In addition to the requirements set forth in section 8610(1) of the Education Law, to qualify for a restricted license, an applicant shall satisfy the following requirements:

1. Professional study. The applicant shall have successfully completed a baccalaureate or higher degree program in the major of biology, chemistry, the physical sciences, or mathematics from a program registered by the department or determined by the department to be the substantial equivalent.
2. Training program. In accordance with section 8610(1)(c)(iii) of the Education Law, the applicant shall have completed a training program that meets the following requirements:
    i. The training program shall have a planned sequence of supervised employment or engagement in activities appropriate for the area of certification, which training program is satisfactory to the department in quality, breadth, scope and nature and is provided by an entity that shall be responsible for the services provided.
    ii. The training program shall be described and attested to by the clinical director of the laboratory in which it is located prior to the beginning of the program.
    iii. The training program shall consist of not less than one year of full-time training in the specific areas in which the applicant is seeking certification, which shall consist of no less than 1,750 hours in a calendar year, in the specific area in which

the applicant is seeking certification, or the part-time equivalent thereof, as determined by the department.

iv. Successful completion of the program shall be certified by a laboratory director who is responsible for overseeing such program.

v. The training program shall include the following curricula for certificates issued in each of the following areas:

a. For a certificate in the area of histocompatibility, the training program shall include knowledge of clinical immunology, immunogenetics, basic molecular biology, and laboratory mathematics. The training program shall also include, but need not be limited to, general laboratory principles and skills, including infection control and aseptic technique; the practice of HLA typing and HLA antibody testing; specimen collection, processing and handling; instrumentation and equipment; reagent preparation and quality control; quality assurance, principles and techniques of histocompatibility assays, and crossmatching; antibody screening and identification; and determination of degree of HLA matching.

b. For a certificate in the area of cytogenetics, the training program shall include knowledge of chromosome structure/behavior and its correlation with phenotype and recognition and interpretation of chromosomal abnormalities. It shall also include, but need not be limited to, general laboratory principles and skills; clinical cytogenetics; general knowledge of human genetics; infection control and aseptic technique, quality control, and quality assurance; laboratory mathematics; the collection, handling, preparation and processing of pertinent specimens; the use of appropriate cell culture techniques; the principles and techniques for harvesting specimens or cell cultures; and the principles and techniques of chromosome banding, staining, analysis, and instrumentation.

c. For a certificate in the area of stem cell process, the training program shall include knowledge of stem cell biology. It shall also include, but need not be limited to, general laboratory principles and skills; infection control and aseptic technique methods; instrumentation and equipment; quality control and quality assurance; laboratory mathematics; the process of handling stem cell specimens in the laboratory; enumeration and characterization of stem cells; ABO/Rh confirmatory typing; and reagent preparation.

d. For a certificate in the area of flow cytometry/cellular immunology, the training program shall include knowledge of the technique for counting, sorting, and characterization of cells suspended in a fluid stream based on their physical properties and expression of cell surface molecules. The training program shall also include, but need not be limited to, general laboratory principles and skills; infection control and aseptic technique; instrumentation and equipment; quality control and quality assurance; the basic principles of flow cytometry, including specimen preparation, fluidics and electronics; fluorochrome selection; antibody selection; the design of flow cytometry procedures, including routine standardization and quality management; and specific clinical applications.

e. For a certificate in the area of molecular diagnosis to the extent such molecular diagnosis is included in genetic testing-molecular and molecular oncology, the training program shall include knowledge of the role of molecular genetics in tumor diagnosis and individualized tumor therapies that are being defined and implemented. The training program shall also include, but need not be limited to, general laboratory principles; general principles of molecular biology, clinical molecular genetics, and molecular diagnosis; infection control and aseptic technique; applicable laboratory skills; quality control and quality assurance; laboratory mathematics; basic principles of nucleic acid extraction, modification, amplification, identification, and unidirectional workflow techniques to avoid cross contamination; electrophoresis and other separation techniques; and transfer and hybridization techniques and specific techniques of nucleic acid amplification and identification.

f. For a certificate in the area of molecular diagnosis that is not limited to genetic testing-molecular and molecular oncology as provided in Education Law, section 8610(1)(b), an applicant shall:
    1. be employed at a National Cancer Institute designated cancer center or at a teaching hospital that is eligible for distributions pursuant to Public Health Law section 2807-m(3)(c);
    2. have completed the training requirements for the restricted license in molecular diagnosis to the extent such molecular diagnosis is included in genetic testing-molecular and molecular oncology; and
    3. have completed additional training in molecular diagnosis acceptable to the department that would enable the applicant to practice competently.

g. For a certificate in the area of toxicology, the training program shall include knowledge of laboratory methods in toxicology, including qualitative and quantitative determination of xenobiotics present in biological specimens. The training program shall also include, but need not be limited to, general laboratory principles and skills; basic principles of chemistry, biology, and the physical sciences; basic principles of pharmacology; basic principles of purification, separation, and extraction techniques; instrumentation and equipment; quality control and quality assurance; laboratory mathematics; the principles of immunoassay techniques; preparation and processing of biological specimens for toxicological analysis; the principles of analytical techniques; review and certification of toxicology results; aseptic technique and infection control and specific clinical applications.

CENTRAL NEW YORK CHAPTER
CLMA
PREMIER RESOURCE FOR LABORATORY PROFESSIONALS

CLMA LETTER

Central New York Clinical Laboratory Management Association is one of the largest chapters of the Clinical Laboratory Management Association (CLMA) in the US, representing clinical laboratories throughout Central New York (CNY) and regionally (Albany, Rochester, Buffalo, Watertown, Binghamton). CLMA is committed to promoting education, networking, and advocacy for their membership. CLMA has recently partnered with the American Society for Clinical Pathology (ASCP) to bolster empowerment of laboratory professionals to achieve excellence in leadership, help support the integrity of the clinical laboratory and promote the value of the laboratory across our healthcare continuum. On behalf of our CNY CLMA membership, we are writing with regard to the most critical issue affecting our Laboratories and our patients.

New York State Clinical Laboratories face a critical and growing shortage of licensed Clinical Laboratory Technologists, with a vacancy rate of over 20%. The annual demand for trained laboratory professionals far exceeds the numbers who graduate from New York State programs. This staffing shortage is expected to worsen over the coming years as the number of practicing laboratory professionals decreases due to burn out, retirement and career changes. At the same time, the demand for laboratory testing is increasing and the persistent staffing shortage continues to significantly impact patient care.

In response to the critical need of laboratory professionals to support the testing needs relative to the pandemic, several Executive Orders (EO) were implemented and extended between March 2020 and August 2021. These EOs allowed for temporary suspension and modification of the education laws and regulations to permit non-licensed individuals, who met CLIA requirements, to perform testing for the detection of SARS-CoV-2 and ultimately any clinical laboratory test provided the individual is under appropriate supervision and meets the federal requirements for testing personnel appropriate to the assay or device authorized by the FDA. Recently, Governor Hochul has issued similar EOs that are allowing NY Laboratories to continue to employ highly qualified individuals, albeit not NY licensed, to fill critical laboratory staffing needs.

With the EOs in place, Laboratories across the State were finally able to address many, but not all, of our most critical staffing needs and appropriately staff their Laboratories and support the testing needs for their respective hospitals and clients without compromising patient care and safety. The modification of the education laws under the EOs removed the major barriers to staffing, which is the NYS SED licensure regulations and their rigid prescriptive education requirements, which are not in line with nationally recognized standards for clinical laboratory personnel.

We understand that a major update to the current licensure regulations is in process and we fully support all the recommendations currently in the process of review and approval. However, given how quickly the EOs were ended last year, our Laboratory Directors and administrative staff are concerned that the current EOs can be terminated just as quickly, leaving our Laboratories at risk once again. Additionally, and just as important, the employees currently working under EO 4.1 are in doubt about their job security and likely to leave if a more stable opportunity comes along. The uncertainty of this situation threatens the ability of Laboratories to deliver safe and effective patient care and could lead to an even greater public health crisis than the one we are facing today.

Laboratory medicine informs every health issue, including diabetes, cancer, infections, labor and delivery, inherited disorders like sickle cell anemia, blood and organ typing, trauma and elective surgeries and procedures. It has been well established that laboratory tests influence 70-80% of all healthcare decisions and every facet of

our population's health is at stake if immediate measures are not taken. The consequences of the staffing challenges faced by Laboratories in filling key positions due to the stringent NYS SED licensure requirements are numerous, but to name a few are:

- Forced to hire travelers to maintain a bare minimum number of staff to manage the workload at almost three times the salary rate of current staff, straining tight hospital budgets.
    - These travelers are not residents of New York, so they are not necessarily paying income tax, and certainly not paying property taxes in our State.
- Forced to consistently work with less staff than optimum, even with travelers, causing the staff undue stress and burn-out, leading to increased errors.
- Forced to refer testing to labs outside of NYS, increasing turnaround times and costs while decreasing customer satisfaction. The out of state labs have no licensure requirement, so these tests are being performed by non-NYS licensed technologists.
- Providers and patients are forced to wait for results as the turnaround times for tests have all increased due to the workforce shortage, resulting in delays in diagnosis and treatment.
- Lack of reciprocity from other licensure states, forcing otherwise qualified candidates who have been actively working in those states to reconsider relocating to NYS and limits our pool of candidates even more.
- Significant delays in hiring qualified medical technologists, who were trained and/or worked outside of NYS, due to the extensive academic review process.
- Unable to hire qualified individuals who received training through the armed forces programs.
- Unable to qualify individuals currently working under the EO who meet the CLIA personnel requirements.

Specific examples of the current licensure system not working for our laboratories include:

- Unable to hire a qualified applicant from another state (held a MS degree and had 15 years experience in microbiology) for a microbiology technical supervisor role. Per NYS SED, this applicant would need to re-take the generalist exam to work in NYS.
- More than a one year delay in hiring a qualified applicant from another state (held a BS in Biology and a BS in Clinical Laboratory Science and 2 years experience in a toxicology lab) for a vacancy in the toxicology section. Applicant applied for licensure, a tedious process that requires applicant to send transcripts, course syllabus and clinical rotation documentation to NYS SED for review. After more than three months, the applicant was notified that she needed to take an additional chemistry class. She completed the class and resubmitted her licensure application and was finally granted a license, a full year after she began the process and with considerable personal expense. Applicant stated that if she were not moving to CNY for her fiancé, she would have abandoned the process. In the meantime, the laboratory was forced to refer the work out to a reference lab until this applicant qualified for licensure as no other resumes were received.
- Unable to hire a cytotechnologist who submitted their paperwork in June 2021 and waited until November to be denied because "she didn't complete a certificate program".
- Unable to hire two qualified individuals who received training through the Army's program at George Washington and had relevant experience in a clinical laboratory, as NYS SED stated they lacked coursework in English and Ethics.
- Unable to qualify individuals currently working under the EO who meet the CLIA personnel requirements, holding BS, MS, and Doctoral level degrees in biological, biomedical, and chemical sciences. Per NYS SED, they lacked the 720 clinical hours required for licensure, despite the fact they have worked over two years in the laboratory supporting the laboratory testing for the pandemic. The Laboratory incurred more than $10,000 in application fees to SED for this denial.

When the EO 4.1 expires, many of our Laboratories will be forced to outsource lab work to national reference labs, which do not require NYS licensed staff, thereby increasing turnaround times, hospital length of stays and associated increased costs and more importantly, risk to patient harm due to delays in care. Sending patient samples to labs without licensure requirements as result of our inability to hire qualified staff who do not meet NYS licensure requirements does not make sense, is costly and does not serve the public good. With all of this in mind, we are asking NYS SED to expedite the pending reforms to licensure as quickly as possible and before the current EO terminates. In addition, we are respectfully requesting support from NYS DOH to further remove obstacles to licensure by:

- Offering more pathways to licensure for those staff that meet CLIA personnel requirements, similar to what is allowed under the current EO.
- Offering additional restricted license categories under part 79-13.5.
- Offering grandparenting for individuals that meet CLIA personnel requirements under the discretion of the Laboratory Medical Director.
- Qualified individuals currently working in an out of state laboratory, and deemed competent by that laboratory, should not have to re-take the licensing exam as their work experience should qualify them and is a valuable resource.
- The current NYS SED regulations prohibit Laboratories from hiring specialized employees with suitable associate degrees, bachelor's degrees, or post-doctoral degrees in critical areas such as microbiology, molecular methods, blood banking, or histotechnology because they do not meet the criteria for a generalized laboratory education. This not only leads to an exacerbation of the shortage of clinical laboratory personnel in the State, but it also makes it virtually impossible for doctoral-level staff to gain the experience they need to obtain a certification of qualification (C of Q) from the NYSDOH.
- Furthermore, NYS SED has the authority to establish subcategories of laboratory clinical practitioners based upon the language of the law and a proper understanding of the practice of clinical laboratory science. The law allows for education that has been "determined by the department to be the substantial equivalent." Given that that the law allows for subcategorization, the NYS SED has the authority to interpret the curriculum requirements as to bring them into alignment with reasonable and necessary personnel standards.
- Offering reciprocity to individuals from other States who require licensure
    - Other States offer reciprocity to NYS licensed individuals in a streamlined and efficient pathway
- Offering a pathway for military trained techs

Respectfully submitted,

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President, CNY CLMA

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Keith Krabill, MD
Medical Laboratory Director, Kaleida Health Oishei Children's Hospital, Erie County Medical Center, Warsaw County Community Health System

Spurgeon S. Smith. MD, Laboratory Director of Canton Potsdam Hospital, Massena Hospital, & Gouverneur Hospital of Saint Lawrence Health System.

ASCP BOC LETTER TO THE GOVERNOR

January 18, 2022

The Honorable Kathy Hochul
Governor of New York State
New York State Capitol Building
Albany, NY 12224

Dear Governor Hochul:

On behalf of the American Society for Clinical Pathology (ASCP) and the ASCP Board of Certification (ASCP BOC), we *greatly appreciate* your leadership and vision for outlining a $10 billion multi-year investment in healthcare to strengthen New York's healthcare workforce and the state's healthcare system. With the COVID-19 public health emergency (PHE) decimating the laboratory workforce across the United States, investments in New York's laboratory workforce are sorely needed. As you work to implement your plan, we strongly urge you to ensure that the laboratory workforce is included in this initiative.

Your healthcare workforce initiative would provide $10 billion to support New York's workforce including:

- $2 billion to support healthcare wages
- $2 billion to support healthcare and mental hygiene worker retention bonuses, with up to $3,000 bonuses going to full-time workers who remain in their positions for one year
- $500 million for Cost-of-Living Adjustments (COLAs)
- $2 billion for healthcare capital infrastructure and improved lab capacity
- Other investments in workforce and healthcare access and delivery, such as the following:
    - Increasing the Training Capacity of Medical Institutions
    - Attracting Students into Healthcare by Relieving Their Financial Burdens
    - Recruiting Medical Professionals to Work in Underserved Areas
    - Allow Doctors and Nurses to Easily Relocate to and Practice in New York

America's healthcare and laboratory workforces have been ravaged by the COVID-19 pandemic, and the United States is now suffering from unprecedented healthcare shortages and job-related stress. Before the COVID-19 pandemic, laboratory professionals were in high demand. The pandemic worsened these shortages, such that many labs are operating at or near crisis mode. Exacerbating the situation is the fact that the severity of the COVID-19 illness has prompted a massive increase in test volume, with overall volume generally exceeding 150 percent of pre-pandemic testing levels and at one point exceeding 2.5 times pre-pandemic levels.

This laboratory workload is not sustainable with current staffing levels, and your initiative to grow the healthcare workforce is exactly what is needed. ASCP and the ASCP BOC support your plan to supplement healthcare worker wages and bonuses. We also support your goal to increase New York's capacity to train new healthcare professionals and to provide financial incentives to attract students into these fields. We also appreciate your desire to facilitate and to attract healthcare professionals from other states, as this may provide more immediate relief from existing shortages. It is our understanding that the NYSED Licensure Board for Clinical Laboratory Technology is currently considering options for

modifications to the licensure regulations that would allow increased approval of qualified licensed laboratory professionals. Expediting the review of their proposal would facilitate an improvement in the workforce shortage. Taken as a whole, we are hopeful this critical investment can stop further erosion of New York's healthcare (and especially laboratory) workforce and expand it into the robust, diverse, well-trained workforce New Yorkers expect.

We note that increased workload, stress/fatigue, and staff turnover have contributed to erosion of the laboratory workforce. This not only diminishes testing capacity, but it can adversely affect patient care in the form of slower turnaround times. We hope that as you work to implement your plan, efforts can also be taken to help mitigate the unprecedented stress and burnout that healthcare workers are currently facing. Expanding the workforce is clearly part of this effort, but facilitating wellness solutions and mental health offerings by healthcare systems, employers, and others may stem the exodus from the healthcare workforce.

America's clinical laboratory professionals are vital to the early and effective detection, diagnosis, and treatment of diseases such as COVID-19. The labs are a critical focal point of the federal and state governments' COVID-19 pandemic response, and testing services are similarly central to effectively respond to other infectious disease outbreaks and potential biological or chemical hazards. As a result, it is imperative that expansion of the laboratory workforce is included in your efforts.

ASCP and ASCP BOC strongly support your initiative to address healthcare workforce shortages and stands ready to help in any way we can to help you achieve your goal of increasing the healthcare workforce. If we can be of further assistance on this or any other matter pertaining to the laboratory workforce or testing capacity, please feel free to contact one of us or Matthew Schulze, Director of ASCP's Center for Public Policy at 202.735.2285 or by email at matthew.schulze@ascp.org.

Thank you,

Henry (Harv) M. Rinder, MD, FASCP
President, ASCP

Susan Graham, MS, MT(ASCP)SH^{CM}
Chair, ASCP Board of Certification

cc: Jeff Lewis, Office of the Governor, Chief of Staff
Lester Young, EdD, MS, NYSED, Board of Regents, Chancellor
Betty A. Rosa, EdD, EdM, MS, MS, NYSED, Commissioner
Sharon Cates-Williams, NYSED, Executive Deputy Commissioner
Sarah S. Benson, MA, NYSED, Professions, Deputy Commissioner

CAP TODAY ARTICLE

Dark days are over, but new and old challenges pile up

March 2022—*The omicron surge was waning on Feb. 1 when Compass Group members met by Zoom with CAP TODAY publisher Bob McGonnagle. Inpatient numbers, test demand, and positivity rates were declining. "We're on the downslope," Northwell Health's Dwayne Breining, MD, reported.*

But other pressures persist: the shortages of blood and staff. And the struggle to fill openings includes pathologist positions, said Judy Lyzak, MD, MBA, of Alverno Laboratories. "They have their choice of offers," she said of those who complete pathology residencies, "and it's taking much longer to fill a pathology position than it used to."

The Compass Group is an organization of not-for-profit IDN system laboratory leaders who collaborate to identify and share best practices and strategies. Here is what they told McGonnagle about the difficulties for which there appears to be no end.

Reports indicate that the omicron outbreak is tapering off. Dwayne Breining, can you comment yet on the BA.2 variant?
Dwayne Breining, MD, executive director, Northwell Health Laboratories, New York: The news I'm getting on BA.2 is clinically and diagnostically it doesn't look much different from anything else, but more to come on that for sure.

In vitro studies suggest that omicron immunity is effective against the other known variants. That's potentially a good sign heading into spring. Of course, we don't know how long the natural immunity lasts. Studies have shown that the vaccines provide more durable immunity than infection, but that remains to be seen with time.

I'm cautiously optimistic heading into the spring and we'll see what comes next fall and winter when it gets cold.

Lauren Anthony, what's going on in Minneapolis?
Lauren Anthony, MD, system laboratory medical director, Allina Health, Minneapolis: The positivity rate seems to be dropping off and our test volumes are starting to drop.

We've been tied up with the national blood crisis and planning for that. We had to get a more formal system process in place to prepare for potential severe shortage, and we're monitoring it twice a day. We created new real-time dashboards to be able to pull that and spot-check it throughout the day, because as those of you who are Red Cross customers know, they are allocating to the hospitals but not keeping any in reserve for medical release. That means hospitals have to supply their own emergency needs and prepare for that as well as for routine needs. That's unprecedented, so we had to implement planning—with a multidisciplinary group from across the system—for how we would react if we were in the red or magenta, which is our category at Allina for worse than red.

We've also been focused on the tube shortage, which has affected us, and we've taken steps such as piloting the bus route, trying to identify and address the barriers with a multidisciplinary stakeholder group. We're piloting it at two campuses, a large one and a small one. We had limited success before, so we're trying to get more success now.

Dr. Carroll

Steve Carroll, the problems with the blood supply came up last time we spoke. Are things getting any better there?
Steve Carroll, MD, PhD, chair, Department of Pathology and Laboratory Medicine, Medical University of South Carolina: No. We still have significant shortages in the blood supply. We've been partnering with the American Red Cross to set up blood drives to try to relieve it. We have had to put restrictions on the number of surgeries because our blood supply has gotten so tight, and we are doing a lot of education with other physicians, trying to get them to help us with conserving blood.

Is the root cause of the shortage primarily a donation problem?
Dr. Carroll (MUSC): My blood banker thinks it is, mainly that we don't have as many people donating. Tony Bull [system

administrative officer] arranged to do television pieces here locally, which coincided with national TV pieces about blood shortages. It was a win-win, and one of our pediatric surgeons gave a heart-wrenching emotional plea to the community to donate blood. We did get a kick up after that; it seems to be helping.

Linda Mirkes, what are you and your colleagues doing at Atrium Health to deal with another shortage—labor?
Linda Mirkes, MBA, MT(ASCP), assistant VP, core laboratory and integration, Atrium Health, Charlotte, NC: We've been looking at our science majors, biology and chemistry, and what duties and functions they can perform, and how we can balance our staffing models. We've long been using single-specialty accreditation. We have teammates in our microbiology lab who are certified just in microbiology and in our molecular lab who are certified just in molecular. We are leveraging the specialty certifications and have not had challenges with the appropriate degrees and specialist certifications. We're trying to be creative and build pipelines with schools, but not enough candidates are coming through to fill all the positions.

What are the sources for these single-specialized credential folks?
Linda Mirkes (Atrium): They are ASCP certifications. We hire folks with the science degrees and make it criteria that within a year of employment, they get the certification. We help that process along. We've had good engagement there.

Stan Schofield, what are your thoughts on alternative pathways into the laboratory?
Stan Schofield, president, NorDx, and senior VP, MaineHealth: We've been doing it for 10 years. In the past couple of years we've employed 17 techs who entered through these pathways. A full four-year clinical laboratory scientist is hard to find. We have a number of people who are specialists in microbiology, hematology, chemistry, and we've been using that format—come in, work a year. We sponsor and support you, and if you take the test and pass it, you get paid as a med tech. If you don't pass the test, you get to test again. If you don't pass the second time, then you're a lab assistant. For years we've had the train-your-own, grow-your-own mentality. It's hard to find major universities or population density with the people with the education. We do the same thing with our phlebotomists; we have our own school for that.

We used to have 95 percent med techs and five percent lab assistants. We're moving to more of a 60/40, where med techs don't load the machine, take tubes out of the refrigerator, or throw out the trash. The secondary support in which they're doing QC, problem-solving, and test interpretations is their primary function, and all support are non-certified, non-MT(ASCP) staff.

Carino

Winnie Carino, you have quite a few regulations around laboratory staff. Are you intrigued with these possibilities for improving a labor situation?
Winnie Carino, MA, CLS, MT(ASCP), director of laboratory services, Scripps Health, San Diego: The California Department of Public Health has said it is going to start a pathway from medical lab technician to our clinical lab scientists, but we're still waiting for details on that.

The regulations in California for clinical lab scientists haven't evolved much in the past several years. We still have the one-year internship and the requirements haven't changed for many years. We still need a bachelor's degree in related health sciences. I'm looking forward to the pathway from medical laboratory technician to CLS. The last word from the California Department of Public Health was it has been on the back burner because of COVID but that they've started to look at it again.

Will this be a big help in solving staffing problems?
Winnie Carino (Scripps): Absolutely, because it's easier to get into an MLT program and quicker to finish it. A lot of them want to be a CLS, but the CLS programs in California are limited, so this will help.

What is your current vacancy rate for labs?
Winnie Carino (Scripps): In the past couple of months it's been high, up to 15 to 20 percent for CLSs, and our pool of candidates for CLSs is small. And it's difficult to fill the night shifts for our hospital sites.

Jim Crawford, can you fill us in on what the regulatory situation is in New York?
Jim Crawford, MD, PhD, professor and chair, Department of Pathology and Laboratory Medicine, and senior VP, laboratory

services, Northwell Health, New York: The agenda item for today's New York State Laboratory Leadership Consortium meeting is workforce. Eloise Aita, PhD, president of the New York State Clinical Laboratory Association, will present a masterful slide deck that summarizes NYSCLA's survey of training programs for medical laboratory sciences, both in the state as well as with information from the country.

We have two dynamics. The first is the vacancy rate in the clinical laboratories. A survey of our consortium from May 2021 shows that our posted vacancy rate is 12 to 13 percent, but it does not take into account that a substantial minority of the workforce works two jobs, and the open bench positions, particularly on the off shifts, are being covered by supervisors, so the functional vacancy rate is considerably higher. For a state of 20 million that's a daunting challenge.

If you look at the graduates of the National Accrediting Agency for Clinical Laboratory Sciences' accredited programs in New York State and nationally and divide it by the number of total licensed technicians in New York State, the replacement rate per year of graduates is in the two- to three-percent range. NYSCLA estimates on the basis of age demographics that up to 50 percent of the state laboratory workforce will retire or leave employment in the next five years. The pipeline is inadequate.

In New York State, through the consortium, through NYSCLA, and through other agencies that are not strictly laboratory but rather the Healthcare Association of New York State, Greater New York Hospital Association, this is a call to arms. We have to work aggressively with STEM programs, school counselors, training programs at City University of New York, State University of New York, Brooklyn College, et cetera. It's a long list. The challenge that was given to us by the CUNY School of Health Sciences and Professional Programs dean, who oversees 150 degree programs and has a quarter of a million students in CUNY per year, is if we're only attracting 100 to 200 students into the laboratory science profession, shame on us—we need to be a more attractive profession. So the discussion has focused on what constitutes a good job, the perception of career progress in the laboratory profession, and how medical laboratory sciences for STEM candidates compare with the other medical and health professions. We have a lot of work to do, and the hour has passed for us to tackle this. This is the major agenda item for the state consortium, which is 12 of the 13 academic health system departments of pathology and laboratory medicine.

Will there be action items looked at today?
Dr. Crawford (Northwell): The primary action item now is working in Albany because there's statutory correction, which is required to empower the New York State Education Department to recognize degree programs from elsewhere in the country for recent graduates as well as for experienced laboratory technologists who might move into the state. The barrier is high for both of those. The pipeline up through New York programs meets state education department requirements. Pipelines elsewhere in the country do not necessarily meet New York State requirements. So this is a statutory effort to correct that misalignment. And then the remainder is not just recruitment but also retention.

Dr. Dysert

Pete Dysert, tell us what's going on at Baylor Scott & White about BA.2 and the overall COVID fight.
Pete Dysert, MD, chief, Department of Pathology, Baylor Scott & White Health, Dallas: We've also struggled with blood supply. We're fortunate to have two suppliers, a community-based provider and American Red Cross, and every day is different. Today we have enough O negative and we're out of O positive.

The data I've read about the BA.2 variant said despite the fact it doesn't have the same spike mutation as BA.1, the monoclonals are still not considered to be effective with this variant. I don't know whether that's an extrapolation of in silico modeling or something like that.

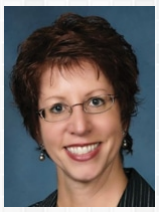
We were asked if we could help expedite the transfer out of patients who had met the CDC criteria for clinical recovery, yet the receiving facility required a negative test. We were asked to look at the use of having a rapid antigen test in the ED for psychiatric patients who were clinically asymptomatic and needed to go to a psych facility but needed a negative test, and the same for inpatients who had recovered and needed a negative test to go to a skilled nursing facility or other step-down place. Our biggest concern was the clinical confusion that would occur on behalf of the medical staff, whether they would attempt to abuse the rapid antigen test in place of RT-PCR and the wish to equate some type of antigen test with degree of transmissibility. We're walking through that now. I got advice from my colleague Dr. Ari Rao.

Dr. Rao, would you like to comment?
Arundhati (Ari) Rao, MD, PhD, senior VP, chief pathology and lab medicine officer, Baylor Scott & White Health, Temple, Tex.: One of our current struggles is how to incorporate home-testing results into the EHR. We have prided ourselves in the lab community on being regulated with the appropriate controls, well-performed tests, et cetera, and now we are going to take the results of patients doing tests at home and put those into the EHR—we are discussing how to do that. We think it should be on the same level as patients reporting symptoms and not reported as a test. That's the current battle we're facing.

We are seeing personnel shortages on both the physician and technologist side. There's burnout. There's COVID positivity. There's quarantining for five days. It is all adding to our distress.

We have a small MLS training program; it used to be eight, we almost doubled it to 15, and we're hoping to expand it further. We've built relationships with multiple colleges and universities around us, but we're also competing in that same field with physician assistant and other physician extender training programs, respiratory therapist training programs—everybody's playing in the same sandbox.

We couldn't find sequencing reagents for a long time, so we had to set up alternative assays—just ongoing challenges. We have sequenced and have not seen BA.2 yet. There were two cases reported in the Dallas area.



Dr. Lyzak

Judy Lyzak, what do you make of this tsunami of home tests that are likely to invade your systems?
Judy Lyzak, MD, MBA, VP of medical affairs, Alverno Laboratories, Indiana and Illinois: I agree with Ari Rao—I don't think those results, for various regulatory reasons, should be included in the EHR as something we are responsible for. That is the Wild West. You have no idea if those individuals are performing the tests accurately, if they're swabbing their kitchen table, the air in front of their nose, and not necessarily their own nose. There are a lot of competing incentives for whether they want a positive or negative result. I like the idea of equating them with symptoms. We've been toying with the idea of how to integrate those test results into a return-to-work strategy in our two systems. We haven't cracked that nut yet.

There is a lot of collaborative work in our employee health and Working Well areas to determine where you are on the CDC spectrum of crisis versus contingency versus conventional staffing. Do you return them to work with nothing and say, "You're five days out, welcome back"? Or do you try to integrate some sort of rapid antigen testing into the mix? Indiana is pretty late to the game, but with the CMS mandate for vaccinations we are dealing with the catch-up on exemptions, medical and religious, figuring out how we test the individuals who fall into those categories, if they're choosing not to be vaccinated and then boosted.

Am I right in assuming that positivity among health care workers in your systems has been a big problem?
Dr. Lyzak (Alverno): It's been a big problem for our hospital laboratories. The baseline vacancy rates were challenging enough, and only now have we evolved out of it. It was pretty dark days there, literally having enough people to keep the instruments running. We had similar impacts at the core lab where we didn't have enough staff because they were out with COVID. They've survived their illnesses and are back at work, but that was a tremendous challenge.

Dr. Sossaman

Greg Sossaman, what's top of mind among the many problems and concerns you have?
Greg Sossaman, MD, system chairman and service line leader, pathology and laboratory medicine, Ochsner Health, New

Orleans: Day-to-day our biggest challenge is staffing shortages. We have a lot of open positions in many areas, histotech and tech, and have struggled with people being out and being sick through this surge. We continue to struggle with supply chain.
Our testing volume for COVID is down, although with Mardi Gras coming up, I'm worried about what that will mean for the spread, because we have seen some of the new BA.2 variant here. We sent samples for sequencing and lo and behold we have the subvariant circulating here.

What is your blood supply like in New Orleans right now?
Dr. Sossaman (Ochsner): It's very challenging. We work with a couple of suppliers and we still have a small donor program, which has been great for us, being able to control a little of that ourselves. We have busy transplant programs, and other services require a lot of blood. It's been problematic juggling some of that and being in communication with surgical services to make sure they know the current state.

You're a member of the Clinical Laboratory Improvement Advisory Committee. Are discussions in CLIAC proceeding along the lines of the staffing problems laboratories face?
Dr. Sossaman (Ochsner): There's acute awareness among the laboratorians on the committee of what the current staffing shortages are. We have a work group working on different issues in hopes of making recommendations on modernizing some of the areas in CLIA. But that is a long process. The group makes recommendations to CMS, which already has a number of things it's working on so it's a longer-term effort.

Cloutier

Darlene Cloutier, fill us in on what's going on at Baystate.
Darlene Cloutier, MSM, MT(ASCP), HP, director of laboratory operations, Baystate Health, Springfield, Mass.: In the laboratories there's been a focus on point of care, providing as much point-of-care testing as possible. We have a small point-of-care team that worked to support bringing point-of-care testing to ambulatory sites and partnered with our employee health services to try to bring more rapid testing out to make it available for employees.

New Year's week was an extremely challenging one for staffing. To date we had our highest number of employees across the system out of work positive with COVID; about five percent of that was laboratory staff. The organization has focused a lot of work to increase staffing in all areas. We have onboarded many temporary and agency staff and have provided financial incentives to our current staff to try to maintain adequate staffing levels.

We have a small blood donor operation at Baystate, but we suspended operations during the pandemic because we were challenged with staffing and a number of other issues in the program. We have contracts with multiple blood suppliers, but at this time we're not getting anywhere near enough to meet the needs of the organization. Since the latest wave we've struggled with significant blood inventory shortages and we reopened donor collections, and that's holding us at minimum thresholds.

Judy Lyzak, do you have any comments on workforce?
Dr. Lyzak (Alverno): There's a shortage of residents seeking training in pathology, and we've been challenged to recruit new physicians. We have six positions we'd like to fill for the practice, and we've had multiple rounds and interviews and candidates, terrific young people, but they have their choice of positions and some of them have multiple offers. It's not like the good old days where you had one job interview and if you got an offer, you took it. Now they have their choice of offers and it's taking much longer to fill a pathology position than it used to.

Pete Dysert, can you comment on this shortage of pathologists and the difficulty of recruiting the pathologist you want?
Dr. Dysert (Baylor Scott & White): We share that struggle. For those of you who have been following this, of 26,000-plus U.S. graduate seniors, fewer than 200 entered the match for pathology. And that's a harbinger for what's playing out now.

Many other dynamics have changed in the hiring process. For most people who are out of fellowships today—almost all of them have done one or two fellowships—the first job they take is not the job they're going to stay with.

Most of our experience is they're not a finished product on their own when they finish a fellowship, and we invest a lot of

time in extending their education. It seems about the time they can hold their own, which can take between two and five years depending on the subspecialty, they start looking for their real job. So it is a very competitive market. The job they take isn't one they intend to make their full-time, permanent job. It's just their first job, and they'll leave to go somewhere else after that period of time. It's frustrating.

Would anyone else like to comment on the pathologist workforce?
Dr. Carroll (MUSC): It's something we used to refer to as the assistant professor shunt. I can tell you from my own experience, last day of my fellowship, I was bulletproof. I could diagnose anything. I couldn't believe my attending wouldn't pull the trigger on that case. July 1, when I was an attending, I was doing good to call "tissue present."

It takes that extra three to five years to get the experience so they are effective. We spend a lot of time handholding them during that time, and the private groups know that. So about at the end of their assistant professorship, the private groups raid the academic center to give them a higher-paying job in private practice; hence the assistant professor shunt.

Dr. Dysert (Baylor Scott & White): This year we've seen more interest in pathology defined as people who actually know what they're getting into. Because of the change in the medical school curriculum, they don't get as much exposure as a student. So we end up, as a profession, getting a lot of people who then are questioning their decision on the career path they've chosen. That adds to the confusion.

We have a lot of people now, seemingly an inordinate number, who are interested in forensics. I think the reason is the book *Working Stiff* by Judy Melinek, MD, about forensic medicine. We're seeing a lot of people who want to head to forensics.

DISCIPLINE

Summaries of Regents Actions on Professional Misconduct and Discipline

Terms under which this information is provided.

Enforcement Actions website: http://www.op.nysed.gov/opd/rasearch.htm

November 2021

No actions

December 2021

Zeanza Lee Penistan; Johnstown, NY
Profession: Clinical Laboratory Technician; Cert. No. 001892; Cal. No. 32690
Regents Action Date: December 14, 2021
Action: Application to surrender certificate granted.
Summary: Licensee admitted to the charge of having been convicted of Petit Larceny, a class A misdemeanor.

January 2022

Ravinder; New York, NY
Profession: Clinical Laboratory Technologist; Lic. No. 016022; Cal. No. 32576
Regents Action Date: January 10, 2022
Action: Application for consent order granted; Penalty agreed upon: 1 month actual suspension, 23 months stayed suspension, 2 years probation, $1,500 fine.
Summary: Licensee admitted to the charge of having been convicted of Unlawful Surveillance in the 2nd Degree, a class E felony.

February 2022

No actions

March 2022

No posted actions