

## CURRENT STATUS OF SANITARIAN REGISTRATION LEGISLATION IN THE UNITED STATES<sup>1</sup>

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Registration of sanitarians by law as a means of raising the professional status of sanitarians has been the subject of many inquiries by health officials and others interested in Public Health. It has been the subject of some controversy, too, during recent years.

It has been evident for the past several years that a large majority of sanitarians are concerned about their professional status. They realize that registration, whether voluntary or mandatory, should be used to demonstrate and cultivate professional attainment and proficiency. It should be based upon high-level qualifications and ability, and not be used as a device to insure job security or to protect mediocrity.

It is an accepted fact, as will be noted later, that practically all present state registration laws emphasize education and training of the sanitarian as fundamental to his professional development. It is also recognized that most of these laws promote a reciprocal interchange of personnel between states with similar acts, thus eliminating employment barriers which now exist in some areas.

Several of the state associations and our three leading national professional organizations, *International Association of Milk and Food Sanitarians, Inc.*, *American Public Health Association*, and *National Association of Sanitarians*, have been working on various plans to provide standards of recognition for qualified sanitarians so that the sanitarian can achieve a position in the community equal in recognition and prestige to that of the doctor, nurse, engineer, educator, and others on the public health team.

At the present time eleven states and one territory have enacted legislation to establish legal procedures for registering sanitarians. They are California, Louisiana, Oklahoma, Oregon, Utah, West Virginia, Georgia, Arkansas, Colorado, Wisconsin, Massachusetts, and the Territory of Hawaii. In addition, New Jersey has a state law requiring the licensing of Health Officers and Sanitary Inspectors. This has been in effect since 1912.

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Arizona, Connecticut, Florida, Missouri, Minnesota, Ohio, Texas, and Washington legislatures have considered bills to register sanitarians, but have failed to act on them up to this time.

Three states, Ohio, Pennsylvania, and Indiana, have established voluntary plans to certify and register sanitarians. These three voluntary plans require definite educational qualifications and experience for sanitarians and are administered by the sanitarian organization in each of the respective states. These plans are a step in the right direction, but for maximum recognition, prestige and uniformity of standards, a voluntary national registration plan or a uniform registration law in each state is needed to establish minimum qualifications for professional sanitarians and to register only those sanitarians who have met these standards.

According to reports received recently from most of the forty-eight states, there is a definite trend toward the establishment of some form of state legislation for registering qualified sanitarians. Because of this widespread interest in legal registration, it was felt that a brief discussion of the present acts might prove beneficial to others planning similar legislation. (The Massachusetts act will not be discussed in this paper because the report of its recent passage was received too late.) With this in mind we will begin by touching on some of the "highlights" of the present acts, methods employed in promoting them, and effects on the sanitarian and his programs.

#### DEFINITION OF A SANITARIAN

In most state acts, there is general uniformity in defining "sanitarian". He is usually defined as a person trained and experienced in the physical, biological, and sanitary sciences who possesses the necessary qualifications to carry out educational and inspectional duties in the field of sanitation, or who serves as a consultant, supervisor or administrator of programs and personnel engaged in such duties.

Seven of the states have also provided for a category of "Assistant or Trainee Sanitarian" whereby a person can be employed to work under the supervision of a registered professional sanitarian until he may be fully qualified. "Assistant" or "Trainee" usually means a person who has met the academic requirements but has not as yet completed his experience requirements in the field of sanitation.

#### QUALIFICATION FOR REGISTRATION

Present sanitarian registration acts, like other state laws establishing a specific professional status, provide that persons employed prior to the effective date of the acts may be registered as professional sanitarians under a "grandfather" clause. Such a clause is inserted in an act to offer some protection to the competent "job-proven" sanitarian. As a rule, newly employed sanitarians as well as those employed at the effective date of the acts meet certain exacting educational and experience requirements. Furthermore, they must demonstrate their ability to cope with technical sanitation matters before being granted the privilege of using the term registered sanitarian. For example, a person registered under the 1957 Colorado Act must have been employed six years prior to 1963 and have successfully passed an examination - one comparable to those given sanitarians employed under the merit system.

A few of the other state laws have not demanded such high standards for registering presently employed sanitarians. The Oklahoma Act permitted a person to be registered as a professional sanitarian provided he was employed on the effective date of the act and had fulfilled a one-year residency requirement immediately preceding the date of his application. In the other registering states, specifications for registering sanitarians under a "grandfather" clause are variations of these two extremes.

After the effective date of every state act, educational qualifications usually are higher. Thus, an applicant desiring to belong to the sanitarian profession must meet loftier academic requirements than his experienced colleagues. These often include a college degree with specialization in sanitary science or the physical and biological sciences. This is the case in Arkansas, Georgia, Oklahoma, and Louisiana. Each of these states require an applicant to have a Bachelor's Degree or its equivalent from an accredited college or university. They also stipulate that the applicant must complete at least one year of experience in sanitation, including in-service training. In addition to these requirements, all of the states except Louisiana further stipulate that a person must pass an examination before being registered as a professional sanitarian.

In the case of California, Utah, Oregon, and West Virginia, the basic educational qualifications for new sanitarians are established at less than a college degree. Of course, it must be kept in mind that three of these four states were the nation's pioneers in furthering the cause of the sanitarian. His status at that time was not as well accepted as it is today, nor were the opportunities or the salary levels great enough to permit top-level academic requirements in the earlier days of registration.

Now, to examine the specific requirements of a few registration acts. In West Virginia, a person may be registered as a sanitarian if he has passed a civil service or merit system examination and has completed a six months probationary period of employment. In Oregon, a person must take formal courses in appropriate sciences and complete at least 3,000 hours of experience under the supervision of a registered sanitarian. The Utah Act stipulates that a person must complete the requirements for a high school education or the equivalent; but in addition, must have at least four years of experience in sanitation and pass a written examination. California, the really true pioneer, establishes the minimum qualifications for professional sanitarians at a two year

college level with a major in the basic sciences. This state further requires each applicant, prior to the date of his application, to have completed one year of experience in the field of environmental sanitation, plus completion of an approved training course.

It is evident, after examining the acts of the ten states, that most of the proponents of registration throughout the nation were convinced of the need for requiring a college degree with a major in the sanitary or other basic sciences for the beginning sanitarian. Such an academic background, plus a short probationary period, is expected to equip new sanitarians with sufficient "know how" to cope with most sanitation problems.

#### ADMINISTRATION OF REGISTRATION PROGRAMS

In Wisconsin, Oklahoma, Oregon, California, and Colorado, the sole responsibility for registering qualified professional sanitarians is assigned to a special committee or division of the State Board of Health. In the other five states, a State Board of Examiners for Sanitarians or an existing State Department of Registration for all professions is charged with the administration of the act.

It was noted that eight of the ten states have limited *membership* on this administrative body to not more than five persons. However, there is a marked variation between the states in the *make-up* of the administrative organization. The acts of Arkansas, Colorado, Utah, and Oklahoma stipulate that the entire membership shall be composed of sanitarians who can qualify for registration. The other acts limit membership to not less than three, nor more than four, practicing sanitarians — the other members are State Health Department personnel, members of other state departments, or industry representatives.

#### RECIPROCITY VARIES AMONG THE STATES

California, Oregon, Arkansas, and West Virginia grant reciprocity to sanitarians registered in other states in which academic and experience qualifications are established at an equal or higher level. Only California further stipulates that a person registered in another state must pass an additional examination to be registered in California.

Acts of Louisiana, Georgia, Wisconsin, and Colorado permit the administering body to establish rules and regulations whereby agreements for reciprocity with other states can be accepted. It is implied that sanitarians to be registered in one of these states must have already met comparable qualifications.

The Oklahoma and Utah Acts make no provision for granting reciprocity to sanitarians registered under laws in other states.

#### PROMOTION OF REGISTRATION ACTS

California was the first state in recent years to recognize the need for giving professional status to the sanitarian and establishing minimum educational and experience qualifications through legislation. Its law became effective in 1945 and has served as a pattern for other states desiring to promote similar legislation.

In general, the other states which have adopted legal procedures for registering sanitarians have followed about the same style in promoting legislation within their own boundaries. They have found that success in promoting registration laws for sanitarians has been largely dependent upon the following factors: (a) *content* and *intent* of the proposed law; (b) public understanding and recognition of the meaning of the word, sanitarian; (c) willingness and ability of sanitarians throughout the state to "sell" the program through group meetings and personal contacts with key people; (d) support of all allied and other interested groups, and of members of the affected industries; (e) attitude of legislators toward establishing another registering agency; (f) financing of the program; and (g) the community's present acceptance and respect of the sanitarian and his work.

As a rule, sanitarians' organizations have taken the initiative in preparing a proposed law and in planning a definite course of action. However, such plans should not be too obvious, as it is easy for others to see the sanitarians' motive — they have an "ax to grind." Besides, there are some questions which the sanitarians themselves cannot always answer effectively, such as "How would a registration act benefit the public?" "How would it benefit the legitimate industries?" These questions can best be answered through some sponsoring agency or group. A few states have completely ignored the availability of resources and, consequently, have often failed in their attempts to sell a sanitarian registration program.

A review of the current state legislative acts revealed that the successful ones have usually contained one or more of the following necessary ingredients. They have secured the support from good allies, such as the state public health association, the state health officers association, the food and milk industries, farm bureau, and the women's organizations. The local sanitarian has also played an important role. He has assisted these groups in convincing key people, especially the legislators in his district, of

the benefits which registration will bring to the public, to the ethical industries being regulated, and to the sanitarian. In each of these states the sanitarian and the sanitarian association's legislative committee have given some expert "behind the scenes" guidance of the act during its course through the General Assembly. Here again, the sanitarians have stayed in the background and functioned as consultants rather than promoters. Finally, many of the successful states have received the support of a recognized legislative leader, one who would introduce and push a bill through the assembly and follow it until signed by the governor.

#### EFFECT ON THE SANITARIAN AND HIS PROGRAM

Our leading public health organizations have realized for the past several years the acute problems facing some state and local health department employing officials — that is, how to avoid accepting the unqualified "political appointees", how to obtain qualified sanitarians, and how to hold qualified personnel on the job. Each of these organizations is working on plans to solve this personnel problem. The method of advancing professional status through promotion of legal registration is meeting wide acceptance. According to a recent report by one of these organizations "the purpose of registration is two-fold

— first, to establish certain minimum training and experience qualifications prerequisite to registration; and second, to give recognition to the sanitarian as a professional member of the public health team". Other members on this team already have such qualifications and are usually not among the "political appointees."

Most of the states which have registration programs have done an excellent job in registering only qualified people. Reports from these states indicate that sanitation programs are improving in direct proportion to the quality of personnel employed. Sanitarians, in these registering areas, are to be commended for keeping faith with their legislators and the public in proving that professional status can be advanced through good legislation. As the result of this advancement, the public is enjoying greater health protection through improved sanitation programs, and the qualified sanitarian is being rewarded with increased salary and prestige and with much greater job opportunities.

In view of these many known benefits to the public, to the sanitarian, and to the sanitarian's programs, it is felt that this association and the other national professional organizations should continue to actively support and guide other states in promoting good legislation.

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