ASCP legislative liaisons have helped advance and support Society positions on such issues as point-of-care (POC) testing, the Clinical Laboratory Improvement Amendments of 1988 (CLIA ’88), and state licensure of laboratory personnel. Liaisons have accomplished this by communicating with local legislators, delivering testimony before policymakers, and participating in state laboratory coalitions.

The Legislative Liaison Network, created in 1991 by the ASCP Washington office and the Associate Member Section, encourages and supports ASCP member involvement in grassroots efforts to influence legislation and regulation at the state and national levels. Since 1991, the network has grown significantly and now includes 125 members from 42 states, many of whom hold leadership positions within the laboratory community.

**Coalition Participation**

In September 1996, AMS member and legislative liaison Carol Gomes, MS, MT(ASCP)HTL, DLM, was elected cochair of the Professional Standards Coalition for Clinical Laboratory Personnel in New York State. A member of the coalition since 1993, Gomes says, “My involvement with the coalition stems from a deep personal concern to establish standard educational requirements for nonphysician laboratory personnel.” Since 1995, when the New York legislature introduced the Clinical Laboratory Practice Acts to license laboratory personnel, members of the Professional Standards Coalition, representing laboratory groups throughout the state, have worked for consensus on the bill.

When Ohio Senate Bill 187, which called for licensure of medical laboratory personnel, was being considered by the Ohio Senate Health Committee in 1996, legislative liaisons Janice Costaras, MS, MT(ASCP)SC, and Mary Ann Verbic, MT(ASCP)SI, worked intensively to bolster the ASCP’s position concerning the terminology of the bill. Working as members of the Ohio Laboratory Coalition, Costaras and Verbic urged the coalition to agree to the inclusion of the terms medical technologist and medical laboratory technician alongside the terms clinical laboratory scientist and clinical laboratory technican in the bill’s language. Exclusion of the dual terminology would have denied recognition of individuals certified by the ASCP in the future and disregarded the education and training of ASCP professionals. Despite their persistent efforts to have the terminology included, the coalition declined to offer the changes to the bill’s sponsor, State Sen Grace Drake (R, Solon). Due to the determination of Costaras and Verbic, working with the ASCP Washington office, Drake ordered that a substitute bill be written accommodating the ASCP’s suggested changes. The Ohio Senate passed the bill on May 14, 1996.

**Public Testimony**

Legislative liaison Beverly Bryant, MA, MT(ASCP)SBB, presented testimony June 7, 1996, on California Senate Bill 113 before the California Department of Health Services Clinical Laboratory Technology Advisory Committee. Bryant, a director of laboratory services at Brea Community Hospital in Brea, Calif, has followed the legislative paths of several bills affecting the laboratory, testifying on behalf of the ASCP on several occasions. Bryant’s most recent testimony before the California Department of Health Services addressed the ASCP’s concerns with several aspects of SB 113.
including licensure terminology, qualifications of laboratory directors, education and training of nonphysician laboratory personnel performing testing, and phlebotomy regulations.

Jan Coughlin, MT(ASCP)SI, gave additional testimony on POC testing regulation on August 21, 1996, before the California Department of Health Services Committee on Integration of New Clinical Laboratory Technology Into Healthcare Delivery. Because an increasing number and variety of tests are being performed outside the traditional central medical laboratory, Coughlin stated the ASCP’s concern that quality patient testing be maintained, regardless of test site. She informed the committee that while POC testing devices appear simple to operate, several variables affect the outcomes of such testing, including test characteristics, proper storage, analytic bias, and the accuracy of POC testing devices. She urged the committee to follow the ASCP’s guidelines for POC testing and cautioned the group against allowing untrained personnel to perform certain tests.

Speaking of her testimony, Coughlin says, “It was a rewarding experience, and I am pleased that many ASCP recommendations were incorporated into Assembly Bill 3109, which was signed into law September 27, 1996.”

Barbara Beninato, MT(ASCP)SC, a laboratory manager and technical consultant in Rome, Ga, presented testimony on quality control issues relevant to regulations under CLIA ’88 to the Centers for Disease Control and Prevention on September 26, 1996. Beninato’s testimony highlighted the ASCP’s position that an appropriately qualified laboratory director should determine and document the quality control practices for his or her laboratory. Further, quality control should depend on the use of the manufacturer’s instructions and the laboratory director’s recommendations based on analytic performance of the method used in that laboratory. Acknowledging that new POC technology has challenged the traditional method of quality control, Beninato stated the ASCP’s concern that quality assurance of the total testing process be maintained, regardless of the device.

**Other Activities**

Many legislative liaisons regularly correspond and meet with health care officials and legislators. Skip Keane, MT(ASCP), Honolulu, has spoken to medical groups and individual doctors about issues such as medical necessity documentation in an ongoing effort to inform and educate physicians in his community concerning the Health Care Financing Administration regulations. In October 1996, while attending a laboratory conference in Washington, DC, Keane met with Sens Daniel Akaka (D, HI) and Daniel Inouye (D, HI) and legislative staff of Reps Neil Abercrombie (D, HI) and Patsy Mink (D, HI) to discuss laboratory issues.

Rita Carlson, MT(ASCP), Rome, Ga, a former aide to a state representative and senator, remains active in local politics and keeps apprised of changes occurring in the health care industry in Georgia. With a strong legislative background, Carlson “feels a responsibility to be involved” in health care policy. She recently assisted State Sen Steve Hanson (D, Dekalb), who is a member of the Health and Human Services Committee, with his primary campaign.

As health care issues continue to emerge and change, the ASCP Washington office depends on the support of its legislative liaisons, who through their diversity of experience and talent help the ASCP fulfill its legislative and regulatory priorities.