SAVING THE ULM MLS PROGRAM—PART I

Melanie Chapman, M.Ed., MLS(ASCP)CM
Jessica Lasiter, MHIM, MLS(ASCP)CM
Debbie Wisenor, M.A., MLS(ASCP)CM
University of Louisiana at Monroe Faculty

On October 30, 2013, administrators at the University of Louisiana at Monroe (ULM) informed the Medical Laboratory Science faculty the program would be terminated due to severe budget cuts. Faculty and students joined in the seemingly impossible task of saving the program. Momentum grew when the local medical laboratory community became involved. A grassroots effort from medical laboratory scientists throughout the state of Louisiana exploded within weeks.

When administrators informed faculty of their decision to ax the program, program director Debbie Wisenor offered several well stated objections concerning the importance of the program in the community and its excellent outcomes. The vice president said the decision was made and could not be reversed.

After the meeting Debbie emailed both clinical affiliate representatives and students in the MLS program to request emergency meetings with each group over the next two days. University administrators attended the meeting with students. The primary purpose of the student meeting was to assure students they would be taken care of and students in the program would be given the opportunity to graduate. The meeting became emotionally charged, however, as students made eloquent, passionate appeals to university administrators. Debbie requested medical laboratory scientists at the affiliates meeting to join faculty and students in trying to persuade university administrators to rescind their decision.

WE MATTER!

Jazmen Myers, MLS(ASCP)CM

“So what's your major...okay, and what do you want to do with that exactly?” As a past student of Texas State University’s Clinical Laboratory Science program, this was a question I received from people when college was discussed. My initial reaction (in my head) was always, “Seriously!? What does it sound like I do?” out of frustration. What actually came out of my mouth was a short explanation of what a medical laboratory scientist is and how we fit into the healthcare system. Now had I been studying another health profession like nursing or physical therapy the follow-up question, “What do you want to do with that?” probably wouldn’t have been asked. Why is that? Just like most healthcare professions, we are a vital workforce made up of some of the most intelligent, hard-working, and passionate people I’ve had the pleasure to meet along my professional journey. Now that I am an ASCP/ASCLS/AGT Board of Certification (BOC) certified MLS working out in the field, I realize the lab’s visibility beyond the basement figuratively and literally is an actual problem in our profession. Lab shortages are the norm, college programs are disappearing, and loss of members within ASCLS is always a hot topic. We must expand

Continued on Page 4

Today’s Agenda

| President’s Message | Call for Abstracts | 10 |
| Keys to the Future | Free Registration | 10 |
| The Key | Keeping CLAM | 11 |
| Awards Nominations | CMP | 12 |
| PAMA | Diversity in Region V! | 13 |
| Legislative Symposium | PAC | 14 |
February is the month associated with love, cupid, valentines, and romance.

You must love yourself and the choices you have made for your life. A good attitude will translate to happier days and less stress! Whether or not you have a special someone—two legged or four—love is important for all of us. Love is important in many parts of our lives, most importantly in our careers.

Love your career choice! We all have a very valuable, highly skilled and desired career. There is a huge shortage looming as the baby boomers are getting ready to retire. We will almost certainly be guaranteed a position whether in the hospital, industry, education or research. Instead of complaining about how hard our job is, focus on the work you’re doing for the patients we serve. You all are contributing to the health of the public. Many of you find a diagnosis before the physician is aware of the true issue with a patient. Without your valuable talent, our patients would not get the treatment they need. One of my favorite memories of my work in microbiology was the day I found a simple Giardia in a patient’s sample. The attending GI physician came to the lab and hugged me because he had been struggling to find the cause of the patient’s illness.

Love—or at least respect—your co-workers. You’re probably spending more waking hours with them than with your family! I cannot imagine being in a room with unhappy people for 8 or more hours a day, five days a week. Be the change in your workplace. I am not saying you have to make everyone your best buddy, but I have mentioned in past articles that “killing them with kindness” makes it extremely difficult for the other party to remain miserable. If you greet that difficult person every day with a smile and “good morning, how are you” that person will eventually come around and perhaps become more tolerable. I witnessed this exact situation at one of my hospitals. There was an individual who was very difficult to work with, but once a few co-workers showed her respect, she became calmer and easier for everyone to work with every day.

Love your students! If you are lucky enough to have students rotate through your laboratory, show them the same respect you show your co-workers. These students are OUR FUTURE—they may be handling your samples someday. So many times I speak with students who have not started rotations and I hear that their program directors have warned them about the attitudes of the laboratorians in the labs they will visit. This is so unnecessary! Just because we were treated poorly does not mean we should carry on the tradition by treating our students the same way. This is an educational experience, not an initiation. I know laboratorians are more stressed than ever and there are more demands on everyone, but these young professionals are the future and without them there will not be the services we need as we all age.

Love your professional self! Whether or not you are part of the younger generation required to obtain continuing education credits to maintain certification, love yourself enough to continue learning. I am constantly amazed at the speed at which our profession is changing. I chose to participate in certification maintenance because I value education. I don’t always understand all of the hematology, blood bank or molecular lectures I attend and I definitely don’t recognize the names of bacteria any more, but I find it fascinating to learn and interact with other professionals who work in laboratories on a daily basis.

You should love your “professional self” enough to attend a meeting, whether it is sponsored by ASCLS or another organization. There are many local and
The Keys to the Future is an award given at the Annual Meeting each year to recognize new or newly active members who have demonstrated their leadership potential in ASCLS at the local, state, regional, or national level. The recipient is awarded a Key to the Future pin to wear so everyone at the meeting can recognize his/her accomplishment.

Take a look at your members who have been active this year. Do you have a new member who has eagerly jumped in to help with planning your educational meetings, volunteered to be one of your committee representatives, and always seems willing to take on new roles? Maybe you have a long time member who just wandered in one day to see what your group was about and was inspired enough to take on a vacant position. Did you encourage someone and offer them opportunities to participate and they did an amazing job at it? If that excitement of being an active member in ASCLS and all the cool things that they can do for our society has caught hold of them, fan that flame. Support them, offer them mentorship and opportunities, and above all let them know that what they do is important and appreciated.

This is an easy way for each constituent society to recognize, thank, and encourage these folks to continue doing great things for ASCLS! They are the Keys to our future. We suggest that you also make a point of recognizing their award at your constituent society meetings and events.

The nomination deadline is April 30th and nomination forms can be e-mailed to me directly at robinstonstacey@yahoo.com. We hope to see nominees from every constituent society this year! A maximum of 3 nominees can be submitted by each society. For more information and eligibility requirements see http://www.ascls.org/keys-to-the-future. You can also e-mail me with any questions.

Here’s Your Exclusive Peek!
Official 2016 Medical Laboratory Professionals Week logo & gifts!

Get shopping early! Find these and many more fun products at http://shop.advanceweb.com/ascls-med-lab-week

Provide this code when ordering

ASCLS

Visit the ASCLS website - www.ascls.org/MLPWideas for tools and ideas to celebrate the week & promote the profession! Download the free Promotion and Planning Guide and many other items!

The ADVANCE Healthcare Shop offers unique specialized products - merchandise you can’t find anywhere else - for a variety of healthcare specialties. Visit advanceshopsolutions.com to shop or call 1-877-405-9676 for more information.
The day of the student meeting a ULM MLS graduate posted a heartfelt plea to the community via Facebook to write ULM administrators and local legislators stating the importance of the medical laboratory science profession and the program at ULM. The post rapidly went viral and spurred many letters from faculty, MLS graduates, students, laboratory managers, and local medical laboratory scientists.

Debbie wrote a letter to university administrators detailing the importance of the ULM MLS program to healthcare and the community and the program’s excellent outcomes. She reminded them of ULM’s agreement with St. Francis Medical Center in Monroe who had a hospital-based program for more than 50 years and relinquished it to support the university-based program at ULM.

The Louisiana State Society for Clinical Laboratory Science (LSCLLS) president sent a letter to LSCLLS members informing them of the closure, asking them to contact ULM administrators and government officials. Concerned students, faculty, laboratory professionals, friends and family members throughout the state wrote more letters and visited physicians and government officials.

Five days following the news, MLS faculty met with ULM’s vice president of academic affairs and drove him to St. Francis Medical Center to tour the laboratory. Faculty believed they could persuade the vice president by showing him the complexity and importance of what medical laboratory scientists do. He seemed impressed and said he would give some thought to the decision but made no promises. Three days later MLS faculty met with ULM’s president to appeal. Given no hope, faculty were resigned to the inevitable and resolved to see current students through but no more.

The annual ULM MLS Advisory Committee meeting took place January 10, 2014. During the meeting Debbie told committee members the decision to close the MLS program stood after numerous appeals. Debbie stated the plan was to ensure students currently in the program graduated and that she had sent NAACLS documentation about the closure. An advisory committee member stated we should move forward with the appeal. She suggested the committee contact members of the Board of Regents (BOR). A second committee member agreed but warned the information presented to the BOR must have impact.

Another rally ensued. ULM MLS Advisory Committee members and other interested individuals formed the Medical Laboratory Coalition of Northeast Louisiana. Several individuals of the coalition, two MLS faculty members, and the LSCLLS president attended the BOR meeting January 22. Everyone except faculty spoke to the BOR, stating the importance of the ULM MLS program and requesting time to garner financial support from regional healthcare entities. A Regent from Monroe stated the people from northeast Louisiana are unique in that we live in our region primarily because we are born and reared here. We do not attract individuals from other parts of the state or from out of state to come to this area to work, especially in rural areas. The board voted unanimously to defer the request of termination of the B.S. in Medical Laboratory Science at the University of Louisiana at Monroe for 60 days until the March BOR meeting so advocates could organize a specific proposal to keep the program viable.

The ULM vice president of academic affairs requested that MLS faculty identify possible partners willing to contribute funds to retain the program. Faculty and coalition members contacted hospital administrators who met with ULM administrators to discuss a possible partnership.

Initially, there was very little interest because the larger hospitals and corporations felt that the $300K requested by ULM was more than they could afford to pay. But rural hospital administrators, concerned about the impact the program’s closure would have on them, obtained support from rural hospitals and then went back to the larger hospitals to ask them to join.

Two rural hospital administrators and a pathologist who consults for rural hospital laboratories made incredible efforts to gather support. Eleven entities formed a corporate endeavor. Each entity pledged to donate $1250 per month for two years. One of the rural hospital administrators, a ULM faculty member and a representative of the coalition spoke at the BOR meeting March 26, asking that time be granted to obtain the additional funding required by ULM.

ULM administrators required at least $328,500 per year be pledged, for two years, before they would request the University of Louisiana System Board of Supervisors to rescind the termination approval from December 2013. Additional entities donated money, and ULM requested the UL Board of Supervisors rescind the termination of the program at the April BOR meeting.

The program is currently viable and ULM administrators are supportive. Student numbers are gradually increasing due to the newly launched online MLT to MLS bridge program and enhanced recruiting.
understanding of both laboratory sciences and ASCLS. How do we convey these ideas? How do we make the general public and our colleagues care about our profession and its future? Through a short series of articles, the Student Forum officers would like to explore this theme, and as young professionals, share our experiences and ideas on the matter.

The very first professional conference I went to was the 2014 Texas Association of Clinical Laboratory Science’s Annual Meeting in Corpus Christi, Texas. Out of all the sessions my favorite by far was given by Dr. Linda Smith of Texas (UT Health Science Center). Dr. Smith candidly spoke on the importance of our professional identity, and how we can establish and promote ourselves and our profession. I remember leaving the session feeling so empowered and proud to be studying clinical laboratory science and I was excited to let everyone know that I, Jazmen Myers, was not just a lab tech. No, I am more than that; I am a medical laboratory scientist! And that we all worked so hard in school to obtain our degrees and the titles that come with them. As a young MLS the highlight of my professional career after becoming employed was obtaining my credentials through the BOC.

We Matter From Page 1

As a profession and a culture we need to own our professional identities, and use the proper language in everyday personal and professional conversations. I recently began a new job, and I noticed on all the registered nurses’ badges “RN” in big bold letters was visible not once, but twice. I then looked at my badge, and noticed while MLS was on my badge, the letters were smaller. Unfortunately, I also observed that some of my other laboratory colleagues didn’t even have any credentials on their badges even though they were certified medical laboratory professionals. As small as this problem may seem, this only reinforces the idea that we, as a profession, are less important and don’t deserve to be recognized for our hard work and efforts, unlike other medical professionals. Although it may be a small step, I encourage all of you to fight to have all your credentials on your work badge. It took literal blood, sweat, and tears (some of my own, some patient samples) to get where I am today. I am passionate and overjoyed to be a part of this ever-changing and vital profession. We need to let people know who we are, whether we are screaming it at the tops of our lungs or silently wearing our credentials. It could inspire conversations, encourage our counterparts to become certified, and even teach someone something new about laboratory science and the amazing people who make up the profession.

My program chair and mentor, Dr. Rodney Rohde, has always stressed the importance of giving back to our community and the people who help you along in life. I also think this is vital, so I decided to reach out to my high school Biology teacher last December to inquire about speaking to her students. Thankfully, Ms. Barton presented me with the opportunity to be the keynote speaker at her monthly science club meeting. We had a surprisingly large turnout of about 25 students, ranging in ages 14 to 18. I began my presentation by showing them videos created by my past professor, Joanna Ellis, and the Bowling Green State University students. Both of these videos give a great overview of the profession and the options we have in our careers. In addition to that, I gave them some general information on the clinical laboratory science program I completed, my involvement in ASCLS, scholarship opportunities, job outlook, and I answered their questions. If I encouraged one student to pursue medical laboratory science or informed an entire science club about a career option they had never heard of, I made a difference.

It is so important that we share our experiences and profession with young minds. Most science-oriented high school students are mainly focused on STEM (science, technology, engineering, and mathematics) careers, and although I personally consider laboratory science to be a STEM field, we are usually lumped within the Health Professions sector of collegiate programs. The information gateway begins and ends with us; if we are not actively promoting our profession our numbers will continue to dwindle in all areas. Most professionals within ASCLS don’t have this problem, but it’s our inactive colleagues that sometimes need the encouragement and reminder to go the extra mile. You never know who you will touch by simply giving a little time, sincerely engaging with youth, and proudly advocating for laboratories and the professionals who work within them.

As a young professional my career is just starting, but by becoming a member of ASCLS I have already done so much within the scope of my academic, social, and occupational fields. I hope, with this amazing society we can embolden our counterparts to become actively involved in our future. “Be the change you want to see in the world” said Mahatma Gandhi, and his words could not be truer. It only takes one person to make a difference, but imagine if we all stood up together as one and pushed for visibility, pushed for change, and pushed for US! As medical laboratory scientists we are important, we matter, and we deserve to be seen and heard (even when we don’t necessarily want to be).
THE KEY

An essential responsibility of a leader is to recognize, prepare and support members to assume future leadership roles in the organization. An organization cannot sustain itself without a constant infusion of members and leaders to perpetuate the organization. One mechanism with which to do that is to recognize and acknowledge individuals who demonstrate the type of leadership potential essential for the organization. Therefore, this article will recognize the outstanding men and women from Region IV who were awarded the 2015 Key to the Future Award.

The Key to the Future is intended to assist constituent societies in the development of potential leaders to serve at local, state, regional and national levels of the Society. Additionally, the program encourages appointments and nominations of these highly motivated members to positions of responsibility within the organization that will further their leadership development.

Since I live in Michigan, I have the ability to review the data about Michigan’s past Key to the Future recipients. Michigan’s first recipient of the Key to the Future Award was Sharon Zablotsky, who received the award in 1986 while serving as the society’s president. Further, examination of the list of recipients from 1986 to 2015, revealed that all but five (5) Michigan presidents were Key to the Future recipients. The results of this brief observation indicates, first, that the nominators recognized the qualities and characteristics of a leader in these individuals, that they indeed demonstrated leadership potential to the organization, and, as a result, all achieved leadership roles in the organization and have remained active in the society.

Each year the Key to the Future Award is presented to individuals who possess the qualities to lead the organization into the future. This recognition is important because it affirms that Region IV will be in good hands now and in the future. I asked each of the current and immediate past Constituent Society Presidents to provide the names and rationale for the Key to the Future Award recipients from their states.

2015 ASCLS-Ohio Key to the Future Recipients
1. Laura Hook-Woods: Laura was nominated by Past ASCLS-OH President, Shannon Kerns. She served as Facilities & Social Committee Chair for the Annual Collaborative Meeting. She was the ASCLS-Ohio Membership chair and since her nomination, Laura was also elected President-Elect of ASCLS-Ohio.

2. Kateland Koch: Kateland was an extremely active student participant in the 2015 Legislative Symposium. She coordinated student organization at her university and wrote an article for members about Legislative Symposium. Since her nomination, Kateland was appointed as New Professional Board Member of ASCLS-Ohio.

2015 ASCLS-Michigan Key to the Future Recipients
1. Nick Wesener: Nick was nominated by President Michelle Goodyear due to his active involvement and exemplary work as Membership Chair. He serves on the ASCLS-MI board and is an active member of the society. Nick is employed as a POC IT Senior Clinical Technologist-Chemical Pathology at University of Michigan Health System.

2. Kay Castillo: Kay has been an extremely involved member of ASCLS-MI. She serves as District 2 Representative and is the Awards/Poster Committee Chair. She was the recipient of the Pam Agren award and Omicron Sigma Awards. Kay is the Program Director for Medical Laboratory Science at Saginaw Valley State University.

3. Mariane Wolfe: Mariane has been very active in ASCLS-MI serving as Recording Secretary and working as chair of various committees. She is employed at Michigan State University, as the Graduate Programs Coordinator and Undergraduate Advisor in the Biomedical Laboratory Diagnostics Program.

2015 ASCLS-Indiana Key to the Future Recipients
1. Nicholas Brehl: Nick is the current president of ASCLS-IN and student forum advisor. He is a faculty member and co-program director for the Indiana University School of Medicine Clinical Laboratory Science (CLS) Program. His other activities include being the treasurer of the Consortium of Indiana Medical Laboratory Educators and a doctoral student in the IU Higher Education and Student Affairs program.
2. **Daniella McCurdy**: Daniella is currently the New Professional chair and was nominated for the Key to the Future award for her service to the constituent society and for helping to plan the first annual social networking event between students and laboratory managers. Daniella is a graduate of the Indiana University School of Medicine CLS program. She currently works for Columbus Regional Hospital as a generalist.

3. **Hannah Sinclair**: Hannah is currently the Membership Development chair and an active member of ASCLS-IN. She was nominated for the Key to the Future award for her continued service, especially for helping to plan the first annual social networking event between students and laboratory managers. Hannah is a graduate of the Indiana University School of Medicine CLS program. She is currently employed by MiraVista Diagnostics as a medical technologist where she works to detect fungal diseases.

**2015 Kentucky Society for Clinical Laboratory Science**

1. **Scott Bray**: Scott was a professional student working in the laboratory as a phlebotomist when he decided to pursue a career in Medical Laboratory Science. He entered the University of Kentucky program, completed his degree and started working for Saint Joseph East as a MLS after graduation. He is currently a one-year board member and will be working with the board on the annual Spring Meeting. Scott is currently building a new home and after its completion he hopes to complete graduate school and enter hospital management.

2. **Ismail El-Amouri**: Although, a member of KSCLS for only the past two years, Ismail has been extremely active serving as a Board Representative. Most recently, he planned sessions and served as a speaker for the KSCLS Annual Meeting. It is anticipated that he will take a more active role on the KSCLS Board in the future.

---

**Calling for 2016 ASCLS Awards Nominations!**

Stephanie Mihane, 2016 ASCLS Awards Chair

The ASCLS Members Awards Ceremony is held at the Annual Meeting each year to recognize committed, passionate professionals by awarding scholarships and grants, recognizing research, lifetime achievements, and efforts to provide “the face” or promote the profession through publications, website development and fundraising. Our future leaders are identified and recognized with the Keys to the Future, Constituent Society Member of the Year, New Professional, Student Forum and the Leadership Academy graduation awards. Many dedicated members are honored with the distinction of National, Regional and Constituent Society Omicron Sigma Honor Roll.

The first deadline of February 15th for nominations is fast approaching for the following awards; Lifetime Achievement, New Professional, Student Forum, Scientific Assembly Bio - Rad Professional Achievement, Scientific Research, Theriot, Constituent Society Publications and Website. Regional Directors should have forwarded their Omicron Sigma spreadsheet to the Constituent Society Presidents by February 15th.

There are several revisions and updates to this year’s Awards Guidelines; Scientific Assembly BioRad Professional Achievement, E & R Fund Scholarships and Awards, New Professional and Student Forum Awards, Awards Application and Nomination Forms. 

**Only electronic submissions will be accepted with strict adherence to the deadlines listed in the guidelines.**

Please visit the ASCLS website for complete information and guidelines; [http://ascls.org/about-us/celbrate/scholarships-and-awards](http://ascls.org/about-us/celbrate/scholarships-and-awards) or contact the Awards Committee at [awards@ascls.org](mailto:awards@ascls.org) for more information.

2016 challenge to all state societies!

We, the 2016 Awards Committee, challenge each state constituent society president to nominate a Member of the Year and two Key to the Future recipients.

Thank and honor the tireless devoted professionals who volunteer their time and passion to this great family we know as ASCLS!

---
PAMA

The Protecting Access to Medicare Act (PAMA), signed into law in April, 2014, primarily focuses on preventing scheduled cuts to reimbursement for physicians and other providers treating Medicare patients. However, section 216 of the statute will change the basis for the Medicare Clinical Laboratory Fee Schedule (CLFS) and significantly impact how laboratories across the nation are reimbursed for services provided. The Center for Medicare & Medicaid Services (CMS) estimates the provision will save $360 million in outpatient laboratory services payments in 2017 and $5.4 billion over 10 years. When the PAMA statute was passed, the Congressional Budget Office projected $2.5 billion in savings over 10 years.

The current CLFS is based on 1984 Medicare laboratory data and bears little resemblance to today’s laboratory costs. Reimbursement amounts have been periodically updated for inflation based on the Consumer Price Index (CPI), but no provisions exist for a routine periodic review. In reality, Congress has reduced reimbursement rates frequently, as revenue has been needed for other programs.

PAMA legislation requires that laboratories submit private payer rates and volumes for each test on the CLFS. Effective January 1, 2017, CLFS reimbursement will be based on the weighted median of the payment information submitted for each CPT/HCPCS code.

The statute stipulated the final rule would be issued by June, 2015 and the initial data collection period would be January 1, 2015 – December 31, 2015. However the proposed rule was not issued until September 25, 2015, compressing the initial data collection and reporting periods.

One of the most controversial provisions is the definition of ‘applicable laboratory’ that will be required to submit private payer data. The statute defines an applicable lab as an entity that, with respect to revenue, receives the majority of its Medicare revenue from the CLFS or the Physician Fee Schedule (PFS). The proposed rule includes several additional criteria for an applicable laboratory:

- The entity itself meets the CLIA definition of a laboratory or is an entity that includes a laboratory,
- The entity is defined at the tax identification number (TIN) level. A medical center containing multiple laboratories under the same TIN is defined as one entity (laboratory) under PAMA,
- The entity as a whole receives at least 50% of its revenue from the CLFS or the PFS. Payments for Medicare fee-for-service Part A and B, Part C Advantage, and Part D prescription drug programs are included as “Medicare revenue.” Hospital Medicare outpatient laboratory services, except for molecular pathology, performed on the same day as other related patient services are reimbursed under the Outpatient Prospective Payment System (OPPS) so they do not contribute to the 50% requirement, and
- The entity must receive at least $50,000 per year in revenue from CLFS payments.

Laboratories will be required to determine if they meet the definition of applicable laboratory. Based on the definition above, CMS does not expect hospital laboratories to meet the definition to submit data and most physician office laboratories and many small reference laboratories will be excluded due to the low threshold provision. The proposed rule also will prohibit laboratories that do not meet the applicable laboratory definition from submitting data. Thus, the majority of data submitted will likely be from the larger reference laboratories, although the Office of Inspector General reported that hospital and physician office laboratories accounted for 43% of laboratory Medicare payments in 2014.

Applicable laboratories will be required to submit each private payer rate for each laboratory test (as defined by CPT/HCPCS codes) and its corresponding volume. The rates reported will include all applicable discounts, rebates, coupons, deductibles, and coinsurance. The rule does not specify how the payer data is to be submitted; CMS will provide further direction at a later time. Applicable laboratories will submit data to CMS every three years.

Continued on Page 9
The statute includes limits on the annual allowable rate of decrease in payment for an individual CPT/HCPCS code. The proposed rule stipulates payment can decrease up to 10% in each of the first three years and up to 15% in years four through six. If the maximum rate limitations are applied in years one through six, reimbursement for a test would decrease 55% over the six year period.

CMS proposes that the initial data reporting period be compressed to meet the statutory timeline for implementing the new CLFS rates in January, 2017. Data will be collected for tests billed from July 1 – December 31, 2015 and applicable laboratories will have from January 1 – March 31, 2016 to submit the required data to CMS. Comments to the proposed rule were due November 24 which meant the final rule might not be issued by the beginning of the data reporting period in January. As of the printing of this article, we have still not seen a final rule. By law, CMS is to issue the new 20176 CLFS by November 1, 2016.

The PAMA statute includes a provision for a civil money payment up to $10,000 per day if a laboratory required to report fails to report, makes a misrepresentation, or makes an omission.

The statute also establishes an Advanced Diagnostic Laboratory Test (ADLT) that is provided by only one laboratory and meets the required criteria:

- Test is an analysis of multiple biomarkers of DNA, RNA, or proteins combined with an unique algorithm to yield a patient specific result, or
- Test is approved by the Food and Drug Administration (FDA) or,
- Test meets other criteria established by the Secretary.

However, the criteria listed in the proposed rule differ somewhat from the statute. Specifically, CMS excluded proteins from the criteria and is instead defining an ADLT as:

- A test that is a molecular pathology analysis of multiple biomarkers of DNA or RNA that, when combined with an empirically derived algorithm, yields a result and predicts the probability an individual patient will develop certain condition(s) or respond to a particular therapy(ies),
- The test provides new clinical diagnostic information that cannot be obtained from any other test or combination of tests, and
- The test may include other assays and is cleared or approved by the FDA.

The proposed rule clarifies that tests the FDA exempts from approval or clearance, which can legally be immediately marketed, do not meet the criterion regarding FDA approval.

Each ADLT will receive a unique HCPCS code. An ADLT will be paid at whatever the laboratory charges for the first three quarters and then at a weighted median private payer rate calculated by CMS.

Additional PAMA provisions include:

- A unique identifier will be provided for each lab test by January 1, 2016. CMS will use existing CPT codes. If a laboratory requests a unique identifier for an FDA cleared or approved laboratory test, CMS will assign a unique HCPCS code if it does not have one.
- Local Coverage Determinations (LCD) should be issued in accordance with the LCD process and the appeal and review process should be consistent with that defined for LCDs.
- CMS can designate one to four Medicare Administrative Contractors (MAC) to establish LCDs for lab tests or to both establish LCDs and process Medicare claims for laboratory services. CMS states in the proposed rule it does not plan to exercise this authority at this time.
- CMS will establish an Advisory Panel on Clinical Laboratory Diagnostic Tests. The panel has been established and met in August and October. Judy Davis, nominated by ASCLS, was selected as a Panel member.
LET’S MAKE SOME NOISE - ATTEND THE ANNUAL LEGISLATIVE SYMPOSIUM!

Join ASCLS, CLMA, ASCP, AMT and AGT for the annual Legislative Symposium. Spend a day learning about issues affecting the clinical laboratory. Then visit Capitol Hill to discuss these issues with members of Congress.

The event will be held MARCH 14 - 15, 2016 at the Hilton Old Town in Alexandria, VA. Visit www.ascls.org/events for more information.

2016 Annual Meeting Call for Abstracts

The deadline for abstracts for poster presentations, oral research and case studies at the 2016 ASCLS Annual Meeting is April 1, 2016.

Submission instructions and the proposal form may be found at www.ascls.org/ascls-meetings. The completed proposal form and abstract must be submitted electronically by the deadline.

The 2016 Annual Meeting will be held August 3 – August 6 in Philadelphia, PA. Additional meeting information will be available at www.ascls.org/annualmeeting.

Member Wins Free Annual Meeting Registration!

Karrie Hovis

Congratulations to Jo Anne Koch-Owens from Florida! She is the winner of a free registration to the 2016 ASCLS Annual Meeting being held July 31-August 4 in Philadelphia, PA. Do you want to know how Jo Anne scored her free registration? She submitted a completed meeting evaluation form at the 2015 Annual Meeting in Atlanta. Everyone who submitted an evaluation, either online or paper, was automatically entered into a random drawing. Jo Anne’s evaluation was the lucky one selected as the winner.

We would like to thank Jo Ann and all who submitted a meeting evaluation form. The evaluation forms provide valuable information to the Annual Meeting Steering Committee each year to assist them when planning future meetings.

Make plans now to join us in Philadelphia this summer. Information about the 2016 Annual Meeting can be found online at the ASCLS Annual Meeting website: www.ascls.org/annualmeeting.

* * * * *
Washingtonians look forward to the opening of the Pacific Razor Clam (Siliqua patula) season on the coast each year. Last season alone, a total of 5.7 million clams were harvested from Washington beaches. This fall-winter, an unusually large harmful algal bloom is lingering on the west coast, and delaying this highly anticipated activity.

Harmful algal blooms are considered harmful because they produce high concentrations of biotoxins, which are ingested by shellfish and crabs. The toxins are not dangerous for the shellfish, so they accumulate until the algae bloom recedes. After the bloom, the toxin is gradually flushed out of the shellfish, and they are once again safe for consumption.

One such biotoxin, domoic acid, is produced by a diatom Pseudo-nitzschia and is the cause of amnesic shellfish poisoning (ASP). Symptoms include gastrointestinal problems, such as vomiting, diarrhea, and abdominal cramps within 24 hours of ingestion. In severe cases, neurological symptoms may occur within 48 hours, including headache, dizziness, confusion, disorientation, loss of short term memory, motor weakness, seizures, or even death. Perhaps due to extensive monitoring and testing of risk areas, there have been no recent cases of illness in humans. More often, there are reported cases of poisoning in marine birds and animals.

Razor clams accumulate domoic acid in the meat tissue (foot, siphon, mantle), which is the most desirable for consumption. The acid is also found in mussels, oysters, and Dungeness crab (which feed on razor clams and shellfish). The Washington Department of Fish and Wildlife (WDFW) has been tirelessly collecting razor clam samples throughout the summer and fall to monitor levels of domoic acid, the clams are subsequently tested at the Washington State Department of Health (WSDOH).

Although not a patient sample, razor clam collection and testing is performed with as much care as a clinical specimen. Collection of razor clams is an arduous process. Technicians are specially trained for specimen collection, and need to ensure proper timing and preservation of the sample.

Five Washington beaches (approximately 58 miles of beach) are evaluated for domoic acid levels. A collection is taken in three areas of each beach, and twelve adult clams are dug in each area. For a beach to open to diggers, two consecutive collections (7-10 days apart) must be below the action level, which is 20ppm. The last sampling collection is taken close to the opening of a beach, which ensures the toxin levels are safe. In addition, collections continue every 7-10 days during the open season.

Biotoxin specialists from the WSDOH are responsible for coordinating the sample collection, transport to the laboratory, testing, and evaluation of test results. Razor clam samples are sent overnight, on ice, to the WSDOH in Seattle. Because the domoic acid toxin resides in the meat tissue, clams are cleaned and gutted prior to testing. Samples retrieved in the same areas of beaches are combined, and blended together to create a homogeneous sample. The sample then undergoes an extraction process with methanol, and testing is performed on an Agilent Triple Quadrupole by High Performance Liquid Chromatography (HPLC). Results can be expected within 48 hours of sample receipt, and domoic acid levels can be evaluated by biotoxin specialists. The biotoxin specialists give the final safety approval, and the WDFW can set the final dates to open the beach.

While the public awaits the good word from the WSDFW, they know little about the extensive measures taken by the technicians and scientists to monitor toxin levels in razor clams. The importance of specimen collection – including technique, timing, transport, and processing – is extremely vital and ensures the safety of thousands of razor clam diggers and consumers each year.

Continued on Page 15
DID YOU KNOW…?

• **You are no longer credentialed** if you don’t participate in the BOC Credential Maintenance Program (CMP) by the end of the three year validity period (i.e., the 3 year period following your credential date).

• CMP is mandatory for ASCP credentials earned since 2004 and ASCPi international credentials earned since 2012.

• Maintaining your certification costs only $0.07 a day!

• Since the formation of the ASCP BOC in 2009, all former NCA credentials are now expired and no longer valid.

• Individuals whose ASCP credentials have expired can reactivate them without taking an exam by completing the CMP process **within 10 years** of the date the credential lapsed.

• Individuals whose NCA credentials have expired can reactivate at any time **without taking an exam** by completing the CMP process and paying the reinstatement fee.

• Individuals awarded the MT(ASCP) credential prior to 2004, can obtain the MLS(ASCP)CM credential without taking an exam by completing the CMP process on a voluntary basis.

• Individuals awarded the MP(ASCP) credential prior to 2004, can obtain the MB(ASCP)CM credential without taking an exam by completing the CMP process on a voluntary basis.

CMP is one of the cornerstones of the BOC. This program recognizes that a very important aspect of professionalism is the need to demonstrate continued competency throughout a medical laboratory career, as well as a commitment to excellence in the work place. As of 2012, all ASCP BOC credentials, including international credentials, require a minimum number of continuing education credits in the field of certification every three years in order to retain the credential.

Laboratory professionals who participate in CMP demonstrate their commitment to excellence in patient care. Participation in this program also provides employers with documentation of an employee’s professional development and the activities they completed to remain current in their field of clinical practice for use in job performance reviews or accrediting agency reviews.

All of the information you need to know about the CMP program can found on the BOC website: [www.ascp.org/cmp](http://www.ascp.org/cmp)
Diversity is Alive in Region V!

Pat Tille; Region V Director

During the fall symposium at Region V, the topic of cultural diversity and what it means to the laboratory was a key topic of discussion. What does culturally competent mean and what is a quality, culturally competent system of care?

Culture has a very broad definition that includes your beliefs, attitudes, superstitions, behaviors, rituals and values, all of which are ever changing and are dynamic. In other words, your culture can develop and change with your experiences. A misconception is that culture is often associated with traditional definitions such as ethnicity, race and religion. As educated laboratory professionals, we were asked to step back and consider all of the factors that affect our individual and institutional cultures and how those factors affect health care and our view of health care.

When placed in the context of health care, it was very easy for individuals to identify with experiences that could be considered a result of the dynamics related to their individual culture. Participants identified multiple levels of culture that are at play in the laboratory and with patients on a daily basis. For example; the difference in ages and the dichotomy in the laboratory between the workforce nearing retirement and the new young professionals. There was significant discussion on the dynamics of working across generations, sometimes requiring both groups to step back and learn to appreciate the potential that experience provides while being open to new ideas from the new generation. Breaks and meal time, and what differences exist in how, when and where you prefer to spend those brief times to nourish your mind or replenish your energy. Individuals participating in the discussion identified multiple areas that actually are part of one’s culture they never considered would affect those around them.

Looking outside the laboratory, the primary discussion centered on what areas of beliefs or values a patient and his/her family might view as culturally sensitive in health care. The common themes are often receipt or denial of blood products or vaccines, but there are many more subtle areas. Religion and spiritual beliefs are often a primary source of confusion and anxiety for patients’ and their families. For instance, in South Africa health and wellness is believed to be associated with one’s harmony with nature and is centered on elderly women who, as the healers in the community, use roots, oils and poultices. This is not very different than the Asian belief in harmony with nature and the balance between yin and yang. How is death viewed and who is present? Who makes those types of decisions in the family unit? Is the practice of conforming to the culture of the geographical location really the expectation in health care?

As the participants explored the ideas and expanded their thoughts on what cultural diversity is and how it affects everyone’s daily lives, the need for resources and education became evident. But one of the most interesting highlights of the discussion was that we all have cultural diversity in our daily lives, even if it is not always evident. It is impossible to determine one’s cultural bias based on appearance, geographical location or personality. And sometimes when you do not think you have cultural bias, it is there; you just have to take a broader look than you have before. Do you look directly at the individual you are having a conversation with or do you avoid eye contact? Who is the individual in the family responsible for the health and well-being of the family? Who cleans, who cooks, who pays the bills? What is the definition of a family unit? How many generations does it span?

Once the group was able to determine that cultural diversity has a far reaching influence, then the question became what resources are there to train our staff to provide a culturally competent system of care and to work in an environment that provides a comfortable system for all employees? The National Center for Cultural Competence (http://nccc.georgetown.edu) has developed a series of health care related videos and training exercises available at no cost. But first everyone can take some small steps to work toward

Continued on Page 15
PAC – THE “INSIDE SCOOP”

by Shirley Heber, ASCLS Region V PAC Trustee and ASCLS PAC National Vice-Chair

PAC – if someone asked you what PAC is, what would you say? Is it important? Do we need to get involved? Don’t stop reading yet…….

Facts every ASCLS member needs to know…

• ASCLS is committed to supporting the laboratory profession – many decisions that affect us are made on Capitol Hill. Lobbying is essential to assure input on critical health care decisions.
• ASCLS PAC supports these efforts – solely through member contributions.
• ASCLS annual fundraising goal is $50,000 – current donations are less than 20% of this amount. At our current donation rate the ASCLS PAC will cease to exist within 3 years.
• If every member gave at least $10.00, we would far exceed our goal. How often are we spending $10.00 on one of the following?
  ○ A couple Starbucks specialty coffees, or a couple drinks at a local bar
  ○ Lunch out with friends
  ○ One ticket to a movie

What is a PAC and why should I donate?

Political Action Committees were created in 1944 for the purpose of re-electing President Franklin D Roosevelt. Since that time, PACs have been organized for the purpose of raising and spending money to elect and defeat candidates who can influence decision-making for specific businesses or special-interest groups.

In order to effect any changes for the laboratory profession on the “Hill”, ASCLS utilizes a legislative consultant, Patrick Cooney, to identify key Congressmen/women who are on committees that can directly influence health care decisions relating to the laboratory. Once these individuals are identified, Patrick tries to secure an audience with them; this may require an ASCLS contribution.

Without available funding, these opportunities slip away – unfortunately, the laboratory profession has not had a big voice over the years due to our desire to remain “behind the scenes.” We need someone to speak for us, and that takes money.

* * *
regional meetings that are low cost and many webcasts are free. Some institutions have education budgets and managers don’t communicate there is money available for meetings. Ask your manager if there is a stipend or education time available if you attend a meeting. Many companies have free continuing education on their websites which you should take advantage of; remember to maintain your records of attendance. One never knows when a new employment opportunity will arise or if due to consolidations and mergers you may be looking for a new position. The more you know, the more marketable you will be!

Love yourself enough to embrace change. Many laboratories have had to change equipment vendors due to budget constraints. None of us like change, especially when we have been using the same vendor’s equipment for many years. Consider it another skill in your briefcase: instead of being familiar with only one technology, you will be able to say you have experience with multiple vendors’ equipment. Volunteer to be the key operator for the new equipment, which will also add valuable experience to your resume and make your days more interesting.

Love social media! There are several sites on the web where Medical Laboratory Scientists exchange valuable information or ask questions. Sometimes the questions amaze me because I wonder why there is no policy regarding a question posted, but many times I learn something new. Keep the posts professional—complaining about equipment or your manager or co-workers may prevent you from obtaining a new position or dream job because potential employers are looking at these sites.

Love—or again at least respect—the other health care professionals (HCP) in your institution. We all should get along for the sake of the patient. Other HCPs get little laboratory education, yet we think they should know it all. We don’t know much about nursing, pharmacy or respiratory therapy so why do we expect so much from those professionals? We need to share our knowledge and can gain their respect if we calmly explain our requests or reasons for rejecting samples.

Last but certainly not least, love your professional organization! ASCLS has so much to offer. I want to thank all of you who renew your membership every year, and whether you choose to participate via committee involvement, being an officer at the local or regional level or by attending meetings, I appreciate all of you. Thank you for loving yourselves enough to see the value in ASCLS membership.

Diversity From Page 13

a culturally competent system of care. Demonstrate your commitment to diversity through your institutional culture, hiring practices, publications and marketing. Then believe it can happen to you; take it seriously. Participate in community health fairs, reach out to the next generation of laboratory professionals, and set up a culture of leadership!

When the participants walked away from the discussion, there were so many positive ideas and suggestions it was clearly evident diversity exists in all of our lives and the first step to becoming culturally competent is recognition of diversity. Remove the traditional definition of culture, which in itself is a belief or value that is a learned idea and embrace all the factors that influence your beliefs. I think as laboratory professionals you too will find that diversity does exist, and like Region V, is very much evident and alive in ASCLS!

References:
“Shellfish Poisoning: Paralytic, Domoic Acid, or Diarrhetic” November 2013, Department
Moving?
Send the attached label and your new address six weeks in advance to ensure uninterrupted membership services.