

# Medical laboratory workforce shortage exposed

About eight years ago, Rep. Pete Stark (D-CA) introduced HR 2784 — a bill intended to limit physicians' ability to contract privately with patients. Rep. Stark is a smart man; he wanted to highlight a concern that private contracts might place patients at a disadvantage when negotiating payment rates. Although his legislation never became law, the "No Private Contracts to be Negotiated When the Patient is Buck Naked Act of 1997" garnered plenty of interest in health policy circles.

Laboratory professionals do not need to get "buck naked" to expose concerns over their workforce shortage, but they do need to be clever. Studies point to a laboratory personnel shortage — current and projected. Other healthcare professions are concerned about the supply of their professionals, too. How acute are these shortages? No one seems to know, but we cannot wait to see what happens in five years when no one is available to perform needed laboratory tests.

## Education is key

Tomorrow's laboratory will be different from today's. We may need more professionals with proficiency in molecular diagnostics but fewer to perform automated tests; we may need more to help clinicians translate results for improved therapeutic practices but fewer due to increased use of point-of-care technologies. In this changing environment, education is the best way to keep up.

As Rep. Stark demonstrated, legislation can be used in many ways to address a concern, and legislation for laboratory professionals is no exception. Several years ago, my work with Reps. John Shimkus (R-IL), Jesse Jackson, Jr. (D-IL), and Michael Bilirakis (R-FL) helped craft legislation addressing the laboratory workforce shortage. The Medical

Laboratory Personnel Shortage Act was never meant to provide the ultimate solution but, rather, to provide educational opportunities to assist the laboratory long term.

The act aimed to draw attention to the laboratory professional, who provides necessary healthcare services. Upon introducing the original bill in 2001, Rep. Shimkus stated, "The vital role medical laboratory professionals play in healthcare must not be taken lightly ... since these professionals often work 'behind the scenes,' few people know much about the critically important testing that laboratorians perform every day." He was sending an important message not yet articulated by Congress.

The act was a success. It focused on the laboratory specifically, and sections of the bill were passed into law through the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. The job, however, was not complete.

## Just for laboratory pros

Reps. Shimkus, Jackson, and Bilirakis introduced the Medical Laboratory Personnel Shortage Act in 2001, in 2003, and again on March 8, 2005. Portions of the most recent version, HR 1175, emphasize long-term educational programming. The bill, if passed into law, would establish scholarship and loan-repayment programs for those who work a specified time period in designated shortage areas. For this program, the bill authorizes \$11.193 million for fiscal year (FY) 2006 and such sums as necessary for 2007 through 2010.

The bill would require the HHS Secretary to favor allied health training grants that expand the number of medical laboratory professionals and would direct HHS to make public service announcements promoting the ad-

vantages of these careers. The bill would also highlight programs that increase the number of cytotechnologists and transfusion-medicine personnel.

## Now what?

Other 2005 bills also address healthcare personnel shortages. The Allied Health Reinvestment Act of 2005 (S 473) and the Allied Health Professions Reinvestment Act of 2005 (HR 215) cover a wide variety of health professions, including dental hygiene, health-information management, emergency medical services, and, yes, medical technology.

The Public Health Preparedness Workforce Development Act of 2005 (S 504 and S 506) repeats many of the same initiatives, but for the public health workforce, including the laboratory sciences. Title VII of the Public Health Service Act — the basis for many of these bills — expired at the end of FY 2002. While programs authorized by that law still function, the House Energy and Commerce Committee Chairman, Joe Barton (R-TX), has signaled his intent to reauthorize Title VII during this Congress.

Will HR 1175 pass Congress? Will it be signed into law? Will sections be incorporated into other legislation and passed? While it is too early to answer these questions, one thing is clear: A single bill stands naked as the only legislation that solely represents laboratory professionals and demands their attention. □



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As has been the history of *MLO's "Washington Report,"* this space is devoted in 2005 to keeping readers abreast of ongoing issues and new legislation affecting the clinical laboratory and its professional managers and technicians. If there is a particular legislative question or a legislative topic of special interest to your organization, please e-mail: [washingtonreport@mlo-online.com](mailto:washingtonreport@mlo-online.com).