

## **Clinical Laboratory Technology Advisory Committee**

Minutes of the March 1, 2013 Meeting

Meeting held by videoconference from Richmond campus, CDPH,  
KP Regional Laboratory, North Hollywood and  
Telephone Bridge Line

### **CLTAC members participating**

John Basile, Richard Bennett, Lorri Dean-Yoakum (chair), Kathleen Doty, Robert Footlik, Laurie Fuller, Lee Hilborne, Jerry Hurst, Anne Igbokwe, Anthony Mills, Rebecca Rosser, Jennifer Schiffgens, Diane Tyson, Fred Ung.

### **Former CLTAC members participating**

Michael Borok, Sam Chafin, Imre Fischer, Tim Hamill, Lin Kassouni, Carmen Maldonado, Sol Notricia, Jim Ottosen, Les Revier.

### **CDPH staff participating**

Zahwa Amad, Alan Ankerstar, Grace Byers, Gillian Edwards, Pam Farrell, Tina Hashemi, Robert Hunter, Paul Kimsey, Nema Lintag, Victoria Maxwell, Donna McCallum, Karen Nickel, Martha Obeso, Bea O'Keefe, Jan Otey, Tammy Pahland, Joanne Rowan, Judy Schlosser, Robert Thomas, Kathy Williams, Mary Wogec.

### **Public members participating**

Michael Aidan, Geraldine Albee, Barbara Brunel, Marian Castillo, Irene Chen, Kathy Davis, Kathleen Faraday, Concepcion Gomez, David Gomez, Dora Goto, Erica Klein, Lois Langs, Mary Levin, Shiu-Land Kwong, Valerie Ng, Matt Riding, Rodney Roath, Gene Scott, Barbara Sevilla, Michele So, Michael Terry, Ann Tonini, Christine Vernusky, Phyllis Walker, Tammy Zinsmeister.

### **Welcome and general announcements**

The meeting was called to order by CLTAC Chairperson Lorri Dean-Yoakum at 9:04 a.m. Ms. Dean-Yoakum thanked Kaiser Permanente for sponsoring the videoconference center in North Hollywood and the telephone bridge. A roll call was conducted of CLTAC members and other participants, and Ms. Dean-Yoakum noted that a quorum was present for the meeting.

### **Approval of the December 7, 2012 meeting minutes**

Additions were made to the minutes from the December 7, 2012 meeting by Bea O'Keefe, Donna McCallum, and Paul Kimsey. John Basile moved for approval as amended, Laurie Fuller seconded the motion, and the board approved the minutes as amended.

### **Department update**

Dr. Paul Kimsey, Deputy Director of the Office of State Public Health Laboratory Directors (OSPHLD), gave an update for the department. He addressed issues of budget and administration, saying that this is a quiet interim between the governor's submission of his proposed budget and the state legislature's approval. He noted that there were no reductions to LFS in the proposed budget. He also remarked that the deadline for submission of new bills was Friday, March 8.

The CDPH has committed to moving forward to request accreditation under the PHAB process. The next year will be spent preparing the application, which is a lengthy and complex process, given that the department serves more than 37 million people.

The department is also working to become familiar with the Affordable Care Act (ACA) and its implications for health care in California. CDPH is working with a tool devised by the Georgia Health Policy Center at Georgia State University and the National Network for Public Health Institutes to acquire training and assess the impact of the ACA on the department's work. LFS has already begun to work on a survey to assess the impact of the ACA on their program.

Bea O'Keefe asked how sequestration will affect CDPH. Dr. Kimsey answered that his office has completed a drill considering this question, but he has not yet seen a compilation of the responses. Donna McCallum said that CMS in California does not think they will be affected. Dr. Kimsey added that he is not familiar with the work of other departments on this question.

#### **Status of the regulation package, DPH-11-012**

Tammy Pahland, Staff Counsel for LFS, thanked people for their responses during the pre-publication period, characterizing them as thoughtful and thorough, and noting that they addressed content as requested. All responses were carefully considered by LFS, and many changes were made to the draft regulations as a result. The public version will include comments by LFS on why suggestions were accepted or rejected. She said that LFS hopes to have a package ready for publication by late summer.

Jim Ottosen asked how the committee could consider the comments (of the CLTAC subcommittee) if they had not been accepted by the full board yet, and Ms. Pahland replied that all comments, and not only the ones submitted by the subcommittee, had been discussed, but that this is an ongoing process, and the draft will not be finalized until LFS receives the officially accepted version of the CLTAC comments. She noted that LFS has already received many comments, and invites further comments as the process continues.

Diane Tyson moved to close the general session of CLTAC. The motion was seconded by Laurie Fuller, and the general session was closed by Lorri Dean-Yoakum.

#### **CLTAC Personnel Regulations (DPH 11-012) Subcommittee Meeting**

Robert Footlik, chair of the subcommittee, called the subcommittee meeting to order and called the roll. Present were subcommittee members Lorri Dean-Yoakum, Kathleen Doty, Robert Footlik (chair), Jerry Hurst, Jim Ottosen, Les Revier, and Rebecca Rosser.

Robert Footlik announced that the minutes for both the December and January subcommittee meetings had been prepared by Karen Nickel, and asked for any additions or corrections. There were no corrections, and the minutes were approved.

Jim Ottosen moved that the subcommittee meeting be adjourned. The motion was seconded by Kathleen Doty and the subcommittee meeting was closed by Robert Footlik.

### **CLTAC Meeting resumed**

Lorri Dean-Yoakum reconvened the general CLTAC meeting. The minutes of the subcommittee were then submitted to the CLTAC Board by Robert Footlik.

Ms. Dean-Yoakum thanked the subcommittee for their work. She also offered thanks to LFS and to Tammy Pahland for the work they had done in writing the regulations and for submitting them to the community for comment.

Bea O'Keefe congratulated the subcommittee and thanked them for their work, noting that they had convened fully prepared and ready to address the issues at each meeting of the subcommittee.

Robert Footlik thanked Karen Nickel for taking the minutes at subcommittee meetings.

Lorri Dean-Yoakum announced that the subcommittee had approved their document and submitted it to the full CLTAC, and called for discussion.

Jennifer Schiffgens asked about no. 7, the supervision of CPTs, which states that CPTs cannot supervise other CPTs. She argued that in fact CPTs can be designated to supervise other CPTs, and suggested that modifications should be made. Karen Nickel responded that the current regulations are inconsistent on this point. Robert Thomas cited 1246(b)(2)(C), which states that CPTs can work under the supervision of an RN, physician, or person licensed under this chapter, or their designee, so a CPT could be designated to supervise.

Jennifer Schiffgens added that daily supervision can be done by a CPT, although not the monthly competency assessment. She suggested that the regulations be amended to allow this assessment by a CPT with 3 to 5 years' experience. Competency is the responsibility of the laboratory director, who can designate another person. Diane Tyson pointed out that monthly competency assessments by the director would constitute a hardship, and agreed that a CPT should be allowed to do them.

Lorri Dean-Yoakum pointed out that the vote was to accept or reject the entire document and that at this point it was not possible to accept certain parts of it while sending other parts back to the committee for revision. Kathleen Doty agreed that the present vote was an up or down vote on the entire document, and that modifications cannot be made at this time. Karen Nickel reminded people that they can submit comments during the next phase of the process if they see a need for further changes.

Jennifer Schiffgens also raised a question about no. 13, stating that a CLS would be required to re-do a gram stain if there should be a problem. Robert Footlik said that the regulations state that gram stains and routine inoculations are retained under the direct and constant supervision of licensed persons, and cannot be shifted to general supervision.

Lorri Dean-Yoakum noted the considerable amount of work done by the subcommittee as well as by LFS on the regulation package, and said that she would be disappointed if the subcommittee's report were to be rejected because of disagreements about individual sections. She reiterated that there will be ample opportunity for comment during the public comment period.

She then called for a vote to accept or reject the subcommittee's report. Five members at the Southern California meeting voted to accept, three members on the phone bridge voted to accept, and four members at the Northern California meeting voted to accept. One member in Northern California voted to reject. The motion to accept was carried, and Ms. Dean-Yoakum thanked LFS, Tammy Pahland, and the subcommittee for their work.

### **New Board Members**

Lorri Dean-Yoakum introduced new members of the board:

John Basile, nominated by the California Society of Respiratory Care, representing respiratory care practitioners, whose term ends December 31, 2016;

Rhonda Becker, nominated by the California Association of Medical Laboratory Technology, representing licensed clinical laboratory scientists, whose term ends December 31, 2016;

Richard Bennett, M.D., nominated by the California Medical Association, representing physicians engaged in office-based laboratory testing, whose term ends December 31, 2016;

Kathleen Doty, nominated by the California Association of Medical Laboratory Technology, representing the public, whose term ends December 31, 2016;

Robert Footlik, nominated by the California Association of Bioanalysts, representing licensed clinical laboratory bioanalysts, whose term ends December 31, 2016;

Anne Igbokwe, M.D., nominated by the California Medical Association, representing physicians specializing in anatomical and clinical pathology, whose term ends December 31, 2016;

Anthony Mills, M.D., nominated by the California Medical Association, representing physicians specializing in internal medicine, whose term ends December 31, 2016;

Rebecca Rosser, nominated by the California Association of Medical Laboratory Technology, representing licensed clinical laboratory scientists, whose term ends December 31, 2016;

Jennifer Schiffgens, R.N., nominated by the California Healthcare Association, representing registered nurses engaged in bedside testing, whose term ends December 31, 2016;

Diane Tyson, nominated by the American Society for Clinical Laboratory Scientists, representing healthcare and hospital administrators, whose term ends December 31, 2016.

The board is now complete, except for one physician engaged in office-based testing (for which the California Medical Association is preparing a nomination), and one non-voting member to represent laboratory equipment manufacturing. Bea O'Keefe commented that LFS received more nominations than there were vacancies, but there will be more vacancies in 2015 when the terms of several

members expire.

At 10:05 a.m., Lorri Dean-Yoakum adjourned the meeting for a 10-minute break. The meeting resumed at 10:15.

### **LFS Update**

Bea O'Keefe again thanked the subcommittee on draft regulations and CLTAC members for their work on the draft of new personnel regulations. She noted that LFS is still working on the draft, and will give consideration to the sub-committee's report as well as the comments of Jennifer Schiffgens at today's meeting. She remarked on the valuable input that has already been received, and said that there will be further opportunity to comment when the draft is released for public comment.

Bea O'Keefe reported that there are currently several examiner vacancies at LFS. Joanne Rowan, who has worked with Ron Harkey in Biologics and with Donna McCallum in CLIA, has been promoted to section chief for the Los Angeles office of LFS. Elaine Flores has been hired as an Examiner I in that office, and Gillian Edwards has been hired as an Examiner I in Richmond; they are training in the survey process. An Examiner I and II exam will be administered in June 2013. To be eligible for an interview, applicants must take and pass this exam.

Ms. O'Keefe noted that, as Paul Kimsey said, it has been a light legislative season, which is welcome after last year, when LFS was assigned several bills. She explained that for each bill assigned to LFS, and for each amendment to a given bill, an analysis must be written and submitted to the legislative office, and that LFS staff must also answer technical questions from legislators. She noted two bills in particular that have been assigned to LFS. AB 399, introduced by Assemblymember Fox, would authorize the department to charge appropriate license fees whenever it determines that a new category of licensure is necessary. AB 213, introduced by Assemblymember Logue, would require the acceptance of education, training, and practical experience completed in military service toward qualifications and requirements to receive a license or certificate from the department if that education, training, or experience is equivalent to the department's standards.

### **Old Business**

Bea O'Keefe addressed several topics from the December CLTAC meeting that were not included on the agenda.

Regarding the work scope of phlebotomists, she said that a person with a limited CPT license may perform finger sticks. A person licensed as a CPT I may perform finger sticks and venipunctures. A person with a CPT II license may perform finger sticks, venipunctures, and arterial punctures. Any other duties come under the category of "unlicensed person," covered by B&P §1269. The revised regulations will add something about processing blood to these duties.

Robert Hunter asked if waived over-the-counter HIV tests can be self-ordered at a laboratory. Ms. O'Keefe replied that in California any over-the-counter test can be self-ordered, but a laboratory is not required to accept self-ordered tests.

Jerry Hurst posed several very specific questions about genetic testing. Not all of

them could be addressed in the time available at the meeting. The first was whether genetic tests were considered IVDMIA, now referred to as a laboratory-developed test (LDT). Ms. O'Keefe answered that they could be or not, depending on whether a test had been developed in-house, or was approved by the FDA and generally available. A second question concerned genetic counselors. Mr. Hurst noted that the demand for their services can be expected to increase in the near future, and he asked about the requirements. Ms. O'Keefe replied that H&SC 124980 and 124981 require a masters or higher degree and taking and passing an exam administered by the department. At present the department does not license genetic counselors. Until such an exam has been designed and the regulations have been finalized, the department will accept national accreditation. Their work scope is limited by the H&SC regulations to pre- and post-test genetic counseling of clients, although they are being used increasingly often for risk analysis and other services. It was further noted that they should be listed on the LAB 116 personnel form as not licensed, i.e., not on the front of the form but on the back.

Bea O'Keefe reported on the Affordable Care Act (ACA). In January she attended a session in Sacramento for the directors of CDPH programs, at which a planning tool designed by the Georgia Health Policy Center at Georgia State University and the National Network for Public Health Institutes was introduced. As Paul Kimsey mentioned earlier, OSPHLD and its programs, including LFS, are currently in the process of educating themselves about the ACA. In December, LFS completed a survey conducted by the CDPH of all programs, asking about the effects of the ACA on their programs. About 78% of the respondents expressed concern about the Act's general effects but only about 52% were concerned that it would affect their program. The group convened by LFS, for example, did not anticipate that the ACA would have much impact on their program, but after considering the implications, they realized that LFS would be affected, because LFS licenses providers of clinical laboratory testing and laboratory personnel.

To illustrate the possible implications for LFS, Ms. O'Keefe pointed out that at present there is an 8-10% shortage of clinical laboratory personnel in California. A majority of these people will retire within the next few years (up to 800 people annually). In addition to replacements for this attrition, a 10-14% increase will be required to meet increased demand as a result of the ACA. This means that an increase of up to 25% in new laboratory personnel will be needed to meet future demands. This in turn means that LFS must consider expansion of work scopes and training programs as well as easing of licensure requirements. Ms. O'Keefe suggested that to carry out its core functions, LFS must devise ways to assist this increase in hiring, ensuring adequate numbers of laboratory personnel and facilities and expanding partnerships and training programs to educate more laboratorians. This challenges all of us to think outside the familiar boundaries, finding ways to reach out to women and minorities who have traditionally been underrepresented in the laboratory sciences. She also addressed members of CLTAC, saying that LFS needs them to join in partnership to ensure that we can meet the needs that will expand as a result of the passage of the ACA.

Jim Ottosen said that it will be necessary to increase salary and benefits to compete with private industry, such as the biotechnology companies, in recruiting LFS personnel. Ms. O'Keefe noted that there is an additional matter of demographics: in

order to recruit adequate numbers of laboratory personnel, we need to encourage women and minorities from the earliest stages of elementary school to pursue scientific education. Jennifer Schiffgens applauded the LFS working group for thinking outside the box on this issue.

Robert Footlik asked about AB 399, which gives the department the authority to charge fees for new license categories. He noted that the CCLA wants to assist the department with new specialty licenses, and wants the department to reintroduce new specialty licenses into the draft regulations package so that practitioners of these specialties can practice. Ms. O'Keefe responded that as the package goes forward, it must be reviewed by finance and other offices, and must specify where fees are coming from.

### **Biologics and Tissue Bank Program update**

In the absence of Section Chief Ron Harkey, Jan Otey reported on fecal microbiotic transplantation (FMT), a treatment that is being used with increasing frequency. She announced that the LFS legal staff has determined that there is no need for a license from LFS for this procedure, as feces are not considered to be human cells. In response to questions, she explained that FMT was developed as an alternative to Vancomycin as a treatment for *C. difficile*. With traditional drug treatment, patients can become reinfected. FMT treatment reintroduces normal flora after Vancomycin has cleared the initial infection.

Robert Hunter spoke about potential transfusion-associated infectious disease processes, noting that the CDC has come up with forms to be used by facilities to report such events. Bea O'Keefe added that this form, which is 9 pages long, can be obtained from LFS, and asked interested parties to contact Mary Wogec ([mary.wogec@cdph.ca.gov](mailto:mary.wogec@cdph.ca.gov)) to request copies.

### **CLIA Update**

Donna McCallum, Section Chief of the CLIA Section in Los Angeles, reported statistics for CLIA for LFS as of July 2012.

As of July 2012, she reported the following California CLIA certificates:

- 1, 580 certificates of compliance
- 14, 263 certificates of waiver
- 1, 280 certificates of accreditation
- 4, 720 certificates of provider performed microscopy

for a total of 21, 843 laboratories.

She also reported on the number of CLIA laboratories in the US as of July 2012:

<b>ENROLLMENT</b>	<b>Number of Labs</b>	<b>Number of POLs</b>
Laboratories Registered (Exempt/Non-Exempt)	232,996	116,634
Laboratories Registered (Non-Exempt Only)	225,879	115,079
<b>By Certificate Type (Non-Exempt only)</b>		
Compliance (CMS Surveys)	19,354	12,597
Waiver	153,568	66,903
Provider Performed Microscopy	37,299	29,875
Accreditation	15,658	5,704

<b>CLIA EXEMPT STATES</b>	<b>Number of Labs</b>
New York	3,518
Washington	3,599

<b>CERTIFICATE OF ACCREDITATION BY ORGANIZATION (Non-Exempt only)</b>	<b>Number of Labs*</b>
COLA	6,463
College of American Pathologists	5,728
The Joint Commission	2,380
American Osteopathic Association	128
AABB	218
American Society for Histocompatibility and Immunogenetics	122

\*The above data represents labs whose membership with the accreditation organization has been confirmed. Some labs are accredited by more than one organization.

**Source: CMS CLIA Data Base**

Ms. McCallum commented on HR 6118, which was signed into law on December 4, 2012. This law amends the language of CLIA 1988 as it relates to PT referrals, allowing CMS flexibility in the type of sanctions it imposes.

Ms. McCallum also reported on a handout of the CLIA update from January 2013 listing the top 10 deficiencies in the nation according to CMS Surveys. They are:

- Analytic Systems, 493.1252(b) – 5.09% of labs
- General Lab Systems (D5217), 493.1236(c)(1) – 4.71% of labs
- Analytic Systems (D5791), 493.1289(a) – 4.67% of labs
- Analytic Systems (D5403), 493.1251(b) – 4.29% of labs
- Analytic Systems (D5411), 493.1252(a) – 4.28% of labs
- Personnel Moderate Complexity (D6000), 493.1403 – 3.97% of labs
- Analytic Systems (D5439), 493.1255(b) – 3.95% of labs
- Post Analytic Systems (D5805), 493.1291(c) – 3.86% of labs
- Analytic Systems (D5417), 493.1252(d) – 3.65% of labs
- Personnel Moderate Complexity (D6021), 493.1407e(5) – 3.52% of labs

The top 10 conditions in the nation are:

Personnel Moderate Complexity (D6000), 493.1403 – 3.97% of labs

Proficiency Testing (D2016), 493.803 – 3.34% of labs

Proficiency Testing (D2000), 493.801 – 1.61% of labs

Personnel High Complexity (D6076), 493.1441 – 1.37% of labs

Analytic Systems ((D5400), 493.1250 – 1.15% of labs

Personnel Moderate Complexity (D6063), 493.1409 – 1.10% of labs

Personnel Moderate Complexity (D6033), 493.1409 – .88% of labs

Hematology Quality Systems (D5024), 493.1215 – .58% of labs

Personnel High Complexity (D6168), 493.1487 – .31% of labs

Personnel High Complexity (D6108), 493.1447 – .28% of labs

For this survey, 18,229 labs were surveyed, and 11,943 POLs were surveyed. For further details she directed people to the new Brochure #10 on the CLIA website (<http://cms.hhs.gov/CLIA>). Since the handout was not available at the Richmond meeting, Mary Wogec offered to send it as an attachment when she sends the minutes.

Shiu-Land Kwong cautioned that we must add California regulations to those listed in Brochure #10, because labs operating in California have to meet the more stringent California requirements in addition to those of CLIA. Ms. McCallum answered that is a given, and that many other states also have their own requirements

Michael Borok asked that Mary Wogec email this handout and website to everyone on the mailing list.

Bea O'Keefe asked about implementation of the individual quality control (IQC) plan, and how the CLIA EQC compares to the new QC regulation. Ms. McCallum responded that there has not been a training yet, and IQC won't be implemented until everyone has been trained.

Ms. O'Keefe pointed out that when a PT referral has been brought against a hospital, CMS requires that a new contract lab be brought in to do testing. She noted that the education of staff about how PT specimens are to be handled should be a continual process. She warned that if CLIA certification is revoked, LFS would be required to revoke state licensure as well.

### **Personnel licensing**

Zahwa Amad, LFS Section Chief of Personnel Licensing, reported on AB 213, which was introduced in January by Assemblymember Logue. The purpose of the bill is to address the lack of health care workers by creating bridges that make it possible for qualified military veterans to transition to civilian health care licensure using military education, training, and practical experience. At the same time it would help to ameliorate the high unemployment rate among military veterans, which according to the Bureau for Labor Statistics stood at about 11% in January, while the national unemployment rate was 7.9%.

AB 213 would require the Department of Consumer Affairs (DCA) and the California Department of Public Health (CDPH) to have procedures and standards in place to

accept military education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements for licensure or certification if that education, training, or experience is equivalent to the standards of the department.

Eight CDPH license categories would be affected by this bill, including two that are regulated by LFS, the CLS and the MLT. Dr. Amad noted that LFS has already established procedures and standards for accepting military training and experience for these two categories. LFS also accepts military experience for phlebotomy certification.

AB 213 further requires that if the DCA or the CDPH accredits or approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, those schools seeking accreditation or approval must have procedures in place no later than July 1, 2014, to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification.

It also requires that if the DCA or the DPH requires any school to be accredited by a national organization, the DCA and the DPH are prohibited from imposing any requirements on the school that conflict with the standards of the national organization.

### **Facility licensing**

Kathy Williams, Section Chief of Facility Licensing, reported that her section received 92 new applications in December, 114 in January, and 210 in February. Over 100 of these were received from Von's and Walgreens. She attributed the increase in applications to the passage of the Pharmacy Bill (SB 1481), which allows a pharmacist to serve as the director as Pharmacist-in-Charge. She noted three major problems with the new applications that resulted in their return for more information. The first was that the LAB 183 was missing; the second was that the owner's signature was missing, and the third was that there was no way to verify the Pharmacist in Charge with the Board of Pharmacy. She said that there will be a meeting next week with the Board of Pharmacy to resolve this problem.

Ms. Williams also discussed complaints against labs, with 25 complaints filed between October 2012 and February 2013. One concerned errors in test reports, one concerned test management and turn-around time, two were about state licenses, eighteen involved facilities, one concerned personnel (CLS), nine were about personnel (phlebotomy), four reported unauthorized persons performing tests, and one concerned a test performed without referral or request.

Ms. Williams then discussed the changes to regulations in AB 186 (chaptered in 2011). This bill allows CDPH to add to a list of communicable diseases and conditions for which clinical laboratories shall submit a culture or a specimen to the local public health laboratory. It has been sent to the Office of Administrative Law to be added to Title 17. The list was developed by a working group of local public health representatives, and has been sent for approval to the Secretary of State. The bill allows local health officers to add cultures and specimens to the list of

communicable diseases without going through the rule-making process. Once it is approved it will also be posted on the CDPH website, on the Communicable Disease Control page (<http://www.cdph.ca.gov/programs/dcdc/Pages/default.aspx>).

Dora Goto alerted the meeting concerning AB 1215, introduced by Assemblymember Hagman on February 22, which would expand the definition of "laboratory director" for purposes of a clinical laboratory test or examination classified as waived to include a duly licensed clinical laboratory scientist.

In this regard, Bea O'Keefe commented on bills that add to the workload of LFS without supplying an increase in funds. The pharmacy bill (SB 1481) and optometrists bill (AB 761) from last year's legislative session were examples of bills that increased our licensing workload without allotting funding for implementation, so-called "unfunded mandates."

### **New business**

Chairperson Lorri Dean-Yoakum asked if anyone had new business to discuss.

Dora Goto announced an upcoming webinar on "Medical Laboratory Technicians: An Option for Your Laboratory Workforce," to be held March 18, 2013, from 2 – 3:30 pm. Co-hosted by the California Community Colleges Health Workforce Initiative (HWI) and the Healthcare Laboratory Workforce Initiative (HLWI), this webinar deals with the supervision and integration of MLTs into the laboratory workplace. For advance registration and instructions for participating, go to [www.calhospital.org/general-information/medical-laboratory-technicians](http://www.calhospital.org/general-information/medical-laboratory-technicians).

Robert Thomas added that the meeting on the CCC Health Workforce Initiative which he attended was very instructive and helpful on the topic of utilizing MLTs, and he recommended the webinar.

Lorri Dean-Yoakum then asked for future agenda items.

Shiu-Land Kwong asked LFS to provide an update on CLIA 1994, including information on how to access it and a summary of its quality control requirements. Kathy Williams suggested that people could go to the library and look at it, or order a hardcopy from the Government Printing Office, because CLIA 1994 is not available online because it dates to the time before they began posting the federal regulations. Karen Nickel offered to send an electronic copy to anyone who emails her.

Kathy Williams noted that she has a compilation that compares CLIA 2003 with California state regulations and CLIA 1994. Lorri Dean-Yoakum asked if Robert Footlik would reconvene the subcommittee to work on this project. She will report in June on reconvening this subcommittee.

SB 264 was suggested as another item for future discussion. This bill would require an accountable care organization operating in California to have a clinical laboratory testing advisory board to recommend testing guidelines that the accountable care organization may adopt. Because a willful violation of that requirement by an accountable care organization would be a crime, the bill would impose a state-mandated local program. Bea O'Keefe noted that LFS is on watch for this bill, and

that it doesn't affect LFS directly.

**Next meeting**

Lorri Dean-Yoakum announced that the next meeting of the CLTAC would be Friday, June 7, 2013.

**Adjournment**

Laurie Fuller made a motion that the meeting be adjourned, John Basile seconded, and the CLTAC voted to adjourn at 11:54 PM.