

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

A BILL
20-289

IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Health Occupations Revision Act of 1985 to establish an Advisory Committee on Clinical Laboratory Practitioners that shall develop and submit to the Board of Pharmacy guidelines to regulate the practices of cytotechnology, histotechnology, medical technology, practices by histologic technicians, medical laboratory technicians, and phlebotomists and to establish the minimum qualifications for licensure of cytotechnologists, histologic technicians, histotechnologists, medical laboratory technicians, medical technologists, and registration of phlebotomists.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the “Clinical Laboratory Practitioners Amendment Act of 2014.”

Sec. 2. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) Strike the phrase “Sec. 208. Board of Pharmacy.” and insert the phrase “Sec. 208. Board of Pharmacy and Advisory Committee on Clinical Laboratory Practitioners.” in its place.

(2) A new TITLE VIII-E is added to read as follows:

“TITLE VIII-E

“QUALIFICATIONS FOR LICENSURE TO PRACTICE AS A CLINICAL

32 LABORATORY PRACTITIONER.

33 “Sec. 871. Qualifications for licensure.

34 “Sec. 872. Waiver.

35 “Sec. 873. Exemption from licensure for select clinical laboratory practitioners..”.

36 “Sec. 874. Transition of licensed and registered clinical laboratory practitioners.”.

37 (b) Section 102 (D.C. Official code § 3-1201.02) is amended as follows:

38 (1) A new paragraph (3A) to read as follows:

39 “(3A) “Practice of cytotechnology” means the microscopic study or examination
40 of body fluids, tissues, or cells desquamated from a body surface or lesion for the practice of
41 clinical laboratory science, including detecting malignancy and microbiologic changes and the
42 measurement of hormonal levels.”.

43 (2) The existing paragraph (6A) is re-designated as paragraph (6A-ii)

44 (3) A new paragraph (6A) is added to read as follows:

45 “(6A) “Practice by histologic technicians” means the preparation of human and
46 animal tissue samples for microscopic examination.

47 (4) A new paragraph (6A-i) is added to read as follows:

48 “(6A-i) “Practice of histotechnology” means the preparation and processing of
49 sections of body tissue for examination through the processes of fixation, dehydration,
50 embedding, sectioning, decalcification, microincineration, mounting, and routine staining, and
51 includes the identification of tissue structures, cell components, and their staining characteristics,
52 and relating them to physiologic functions.

53 (2) New paragraphs (6B-i) and (6B-ii) are added to read as
54 follows:

55 “(6B-i) “Practice by medical laboratory technicians” means performing tests on
56 tissue, blood, and body fluids for the purpose of assisting in the diagnosis and treatment of
57 diseases while working under the supervision of a medical technologist or physician. Such tests
58 performed by medical laboratory technicians includes monitoring tests and procedures, and
59 preparing blood, urine, and tissue specimens for analysis; using sophisticated laboratory
60 equipment to look for bacteria, parasites, and other microorganisms; analyzing the chemical
61 content of fluids; matching blood for transfusions; and testing for drug levels in the blood to
62 show how a patient is responding to treatment.

63 “(6B-ii) “Practice of medical technology” means performing clinical laboratory
64 tests and procedures in areas of a clinical laboratory, with the exception of cytotechnology,
65 which require the exercise of independent judgment and responsibility.”.

66 (c) Section 208 (D.C. Official Code § 3-1202.08) is amended as follows:

67 (1) The section head is amended to read as follows:

68 “Sec. 208. Board of Pharmacy and Advisory Committee on Clinical Laboratory
69 Practitioners.”.

70 (2) Subsection (b)(1) is amended to read as follows:

71 “(b)(1) The Board shall regulate the practice of pharmacy, the practice of pharmaceutical
72 detailing, and the practice of clinical laboratory practitioners with guidelines approved by the
73 Advisory Committee on Clinical Laboratory Practitioners.”

74 (3) Subsections (i), (j), (k), (l), (m), and (n) are added to read as follows:

75 “(i) There is established an Advisory Committee on Clinical Laboratory Practitioners
76 which shall consist of 5 members appointed by the Mayor.

77 “(j) The Advisory Committee shall develop and submit to the Board guidelines for the
78 licensure of cytotechnologists, histologic technicians, histotechnologists, medical laboratory
79 technicians, medical technologists, and the registration of phlebotomists.

80 “(k) The Board shall administer the examination required for cytotechnologists,
81 histologic technicians, histotechnologists, medical laboratory technicians, and medical
82 technologists.

83 “(l) Of the members of the Advisory Committee on Clinical Laboratory Practitioners, one
84 shall be a pathologist certified by the American Board of Pathology or the American Board of
85 Osteopathic Pathology; one shall be a medical technologist and supervisor; one shall be a
86 medical technologist who is not a supervisor; one shall be a medical laboratory technician; and
87 one shall be a consumer member with no direct affiliation with clinical laboratory practitioners
88 or another health profession.

89 “(m) The qualifications for the professional members shall be as follows:

90 “(1) The pathologist, for at least 3 years preceding appointment, shall have been
91 actively engaged as a pathologist in rendering professional services in pathology or in the
92 education and training of medical personnel in pathology;

93 “(2) The medical technologist, for at least 3 years preceding the appointment,
94 shall have been actively engaged as a medical technologist in rendering professional services in

118
119 “Sec. 871. Qualifications for licensure.

120 “(a) The Board of Pharmacy shall license as a cytotechnologist a person who, in addition
121 to meeting the requirements of Title V, has:

122 “(1) At least a baccalaureate degree from an accredited institution that
123 incorporates the academic coursework and minimum hours of supervised training required by the
124 regulations adopted by the Board and whose program is accredited by an agency recognized by
125 the U.S. Department of Education, or has qualified as a cytotechnologist under federal
126 regulations; and

127 “(2) Passed a national certification examination given by the Board or from a
128 body recognized by the Board.

129 “(3) Has a baccalaureate degree and training or experience as the Board
130 determines is appropriate for cytotechnologist.

131 “(b) The Board of Pharmacy shall license as a histologic technician a person who, in
132 addition to meeting the requirements of Title V, has demonstrated, to the satisfaction of the
133 Board, that he or she possesses the medical laboratory education, training, or experience that
134 is appropriate for medical laboratory technicians concentrating in histology.

135 “(c) The Board of Pharmacy shall license as a histotechnologist a person who, in
136 addition to meeting the requirements of Title V, has:

137 “(1) At least a baccalaureate degree in biological sciences and chemistry from
138 an accredited institution recognized by the Council for Higher Education Accreditation or

139 the Department of Education;

140 “(2) Successfully completed a histotechnology program accredited by an
141 agency recognized by the U.S. Department of Education or one year of full-time laboratory
142 work experience in histology deemed acceptable by the Board of Pharmacy; and

143 “(3) Passed a national certification examination given by the Board or from a
144 body recognized by the Board.”

145 “(4) Has a baccalaureate degree and training or experience as the Board
146 determines is appropriate for histotechnologist.

147 “(d) The Board of Pharmacy shall license as a medical laboratory technician a person
148 who, in addition to meeting the requirements of Title V, has:

149 “(1) Successfully completed a medical laboratory technician program
150 accredited by an agency recognized by the U.S. Department of Education or a military
151 medical laboratory specialists program;

152
153 “(2) Has obtained an associate degree or has at least 60 semester hours or 90
154 quarter hours from an accredited institution recognized by the Council for Higher Education
155 Accreditation or the Department of Education, including a minimum of 6 semester hours or
156 9 quarter hours of biological science and 6 semester hours or 9 quarter hours of chemical
157 science, and has 3 years of full-time acceptable medical laboratory work experience within
158 the last 5 years; or

159 “(3) Has been previously qualified as a medical laboratory technologist under

160 federal regulations; and

161 “(4) Passed a national certification examination given by the Board or from a
162 body recognized by the Board.”

163 “(5) Has a baccalaureate degree and training or experience as the Board
164 determines is appropriate for medical laboratory technician.

165 “(e) The Board of Pharmacy shall license as medical technologist a person who, in
166 addition to meeting the requirements of Title V, has:

167 “(1) At least a baccalaureate degree from an accredited institution that
168 includes courses in biological science, chemistry, and mathematics, and successfully
169 completed a medical technology program accredited by an agency recognized by the U.S.
170 Department of Education;

171 “(2) A baccalaureate degree from a regionally accredited institution
172 recognized by the Council for Higher Education Accreditation or the Department of
173 Education, including a minimum of 16 semester hours or 24 quarter hours of biological
174 science, 16 semester hours or 24 quarter hours of chemical science, including 1 semester or
175 1 quarter in organic chemistry or biochemistry, 1 semester or 1 quarter of mathematics, and
176 3 years of full-time, clinical laboratory work experience in the major disciplines of
177 laboratory practice deemed acceptable by the Board of Pharmacy, within the last 5 years and
178 one of the following:

179 “(A) Certification as a medical laboratory technologist by a national
180 certifying organization acceptable to the Board;

181 “(B) Successful completion of a medical laboratory technology
182 program accredited by an agency recognized by the U.S. Department of Education; or

183 “(C) Successful completion of an advanced military medical laboratory
184 specialist program;

185 “(3) A baccalaureate degree from an accredited institution, including a
186 minimum of 16 semester hours or 24 quarter hours of biological science, 16 semester hours
187 or 24 quarter hours of chemical science, including 1 semester or 1 quarter in organic
188 chemistry or biochemistry, 1 semester or 1 quarter of mathematics, and 5 years of full-time
189 clinical laboratory work experience in the major disciplines of laboratory practice deemed
190 acceptable by the Board of Pharmacy, within the last 10 years. For the purposes of this
191 paragraph, the term “major disciplines of laboratory practice” includes, but is not limited to,
192 blood banking, chemistry, immunology, and microbiology.;

193 “(4) Has been previously qualified as a medical technologist under federal
194 regulations; or

195 “(5) Has a baccalaureate degree and training or experience as the Board
196 determines is appropriate for medical technologists concentrating in categories such as
197 blood banking, chemistry, hematology, immunology, microbiology, and virology.

198 “(f) For the purposes of this paragraph, the term “major disciplines of laboratory
199 practice” includes blood banking, chemistry, immunology, and microbiology.

200 “Sec. 872. Waiver.

201 “The Board shall waive the requirements specified in section 871 for any

202 cytotechnologist, histologic technician, histotechnologist, medical laboratory technician, or
203 medical technologist who has passed an examination approved by the Board, and who has
204 received a certification from a national certifying organization acceptable to the Board
205 whose current eligibility requirements are equivalent to or exceed the qualifications
206 established under the Clinical Laboratory Amendment Act of 2005, effective July 26, 2005
207 (D.C. Law 16-33; D.C. Official Code §44-201 *et seq.*),.

208 “Sec. 873. Exemption from licensure for select clinical laboratory practitioners.

209 “(a) Section 1001 of the District of Columbia Health Occupations Revisions Act of
210 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1210.01),
211 concerning the practice of a health occupation without a license shall not apply to any
212 cytotechnologist, histotechnologist, medical laboratory technologist, medical technologist,
213 histologic technician, or phlebotomist who is:

214 “(1) Licensed in the District of Columbia under any other act and who
215 engages in the practice for which he or she is licensed or registered;

216 “(2) Employed by the United States government or any bureau, division, or
217 agency thereof while in the discharge of the employee’s official duties;

218 “(3) Engaged exclusively in education or research; provided, that the results
219 of any examination performed are not used in the diagnosis, prevention or treatment of a
220 disease, or assessment of a medical condition;

221 “(4) A student or trainee enrolled in a medical laboratory education program;
222 provided, that the activities constitute a part of a planned course in the program, that the

223 person is designated by title such as intern, trainee, or student, and that the person works
224 directly under a person licensed under section 871;

225 “(5) A person who exclusively performs laboratory tests, classified as waived
226 pursuant to 42 CFR § 493, which are determined by the Secretary of the U.S. Department of
227 Health and Human Services to have an insignificant risk of an erroneous result, including
228 those which:

229 “(A) Have been approved by the United States Food and Drug
230 Administration;

231 “(B) Employ methodologies that are so simple and accurate as to
232 render the likelihood of erroneous results negligible; or

233 “(C) The Secretary of the U.S. Department of Health and Human
234 Services has determined pose no reasonable risk of harm to the patient if performed
235 incorrectly;

236 “(6) A pathologist or other licensed physician:

237 “(7) A laboratory manager who does not perform or supervise laboratory
238 tests;

239 “(8) Personnel performing point-of-care testing; provided, that:

240 “(A) A laboratory director or other qualified, licensed person, if this
241 duty has been so delegated by the laboratory director, who provides oversight and is
242 responsible for ensuring the development and implementation of:

243 “(i) A protocol of implementation, including tests to be performed and

244 staff who will perform the tests;

245 “(ii) Criteria to be used in selecting the method of testing to be
246 used for point-of-care testing;

247 “(iii) Minimum training and education requirements for those
248 who will perform point-of-care testing;

249 “(iv) Documented in-service training, initial and ongoing
250 competency validation of personnel performing point-of-care testing;

251 “(v) An appropriate internal and external quality control
252 protocol; and

253 “(vi) Record keeping requirements; and

254 “(B) Processes are in place and are acceptable to the Board that ensure
255 and document the continued competency of point-of-care testing personnel.

256 “(b) For the purposes of this section, the term

257 (1) “laboratory director” means:

258 “(A) A physician or dentist who is qualified and eligible to supervise
259 and direct the technical and scientific operation of a medical laboratory by possessing the
260 following:

261 “(i) Certification in anatomic or clinical pathology, or both, by
262 the American Board of Pathology, the American Osteopathic Board of Pathology, or
263 qualifications that are equivalent to those required for certification;

264 “(ii) Certification by the American Board of Pathology or the

265 American Osteopathic Board of Pathology in at least one of the laboratory specialties;

266 “(iii) Certification by the American Board of Medical

267 Microbiology, the American Board of Clinical Chemistry, the American Board of

268 Bioanalysts, or another national accrediting board in one of the laboratory specialties;

269 “(iv) Certification by the American Society of Cytopathology to

270 practice cytopathology or qualifications that are equivalent to those required for

271 certification;

272 “(v) Subsequent to graduation, 4 or more years of full-time

273 general laboratory training or experience, of which at least 2 years were spent acquiring

274 proficiency in one of the laboratory specialties in a licensed medical laboratory; or

275 “(vi) Subsequent to graduation, other documented clinical

276 laboratory training and experience as the Board determines by regulation is appropriate,

277 taking into consideration the complexity and diversity of the laboratory tests to be

278 performed; or

279 “(B) A dentist, certified by the American Board of Oral Pathology for

280 the specialty of oral pathology only, or qualifications which are equivalent to those required

281 for certification. “point-of-care testing” means those analytical patient testing activities that

282 are performed under the supervision of the laboratory director, that are provided within an

283 institution but performed outside the physical facilities of the central medical laboratory that

284 do not require permanent dedicated space, and include analytical instruments that are

285 temporarily brought to a patient care location.

286 “(c) “Point-of-care testing” means analytical patient-testing activities that are
287 performed under the supervision of the laboratory director within an institution, but are
288 performed outside the physical facilities of the central medical laboratory and do not require
289 permanent dedicated space, and include analytical instruments that are temporarily brought
290 to a patient care location.

291 “Sec. 874. Transition of licensed and registered clinical laboratory practitioners.

292 “For a period of 2 years after the effective date of the Clinical Laboratory
293 Practitioners Amendment Act of 2014, approved by the Committee on Health on November
294 12, 2014 (Committee print of Bill 20-289), all reference to clinical laboratory practitioners
295 shall refer to persons meeting the requirements for licensure or registration in the District of
296 Columbia, regardless of whether that person is licensed or registered.”.

297 (g) A new section 912 is added to read as follows:

298 “Sec. 912. Phlebotomist.

299 “(a) For the purposes of this section, the term “phlebotomist” means an unlicensed person
300 trained in the proper procedure for withdrawing blood by venipuncture or skin puncture for
301 clinical laboratory test purposes.

302 “(b) A person who is engaged as a phlebotomist in the District of Columbia shall register
303 with the Mayor, renew the registration as required by rule, and pay the required registration fee
304 established by the Mayor.

305 “(c) Any person registered to practice as a phlebotomist shall work under the general
306 supervision of a licensed physician, advanced practice nurse, or other licensed health

307 professional as the Mayor determines by rule.”.

308 “(h) Section 1003 (D.C. Official Code § 3-1210.03) is amended by adding a new
309 subsection (jj) to read as follows:

310 “(jj) Unless authorized to practice as a clinical laboratory practitioner under
311 this act, a person shall not use or imply the use of the words or terms “ “medical
312 technologist”, “cytotechnologist”, “medical laboratory technologist”, “histotechnologist”,
313 “histologic technician”, “clinical laboratory scientist-generalist”, “clinical laboratory
314 scientist-specialist”, “medical laboratory technician”, “phlebotomist”, or any similar title or
315 description of services with the intent to represent that the person is a clinical laboratory
316 practitioner.”.

317 Sec. 3. Fiscal impact statement.

318 The Council adopts the fiscal impact statement in the committee report as the fiscal
319 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,
320 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

321 Sec. 4. This act shall take effect following approval by the Mayor (or in the event of
322 veto by the Mayor, action by the Council to override the veto), a 30-day period of
323 congressional review as provided in section 602(c)(1) of the District of Columbia Home
324 Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)),
325 and publication in the District of Columbia Register.