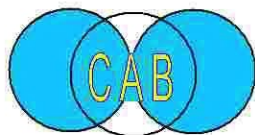


ANALYSIS

California Association of Bioanalysts



The Voice of the Bioanalyst, Aug. 2003



a non-profit corporation

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Mark Alcantar

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Dan Leighton

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Richard Vance

Edd Epstein

Legislative Chairman:

Robert Footlik

Executive Comptroller:

Clark Chow

Analysis Editor:

Dan Leighton

President's Message:



Dear CAB Members and Friends:

It's hard to believe that we're coming to the end of another year. This means that our yearly statewide convention is just around the corner. The past year has brought about many challenges both to our association and to our profession as laboratorians.

As an association we are faced with the reality that very few clinical scientists are interested in moving up a notch and becoming a Bioanalyst. Our numbers are dwindling, and for an association whose survival depends on active membership, this could have a devastating affect. Fortunately, two years ago we opened our membership to include other laboratory professionals and this infusion of new blood has been a big boost for us. Challenges still exist but, fortunately, we're not dead in the water yet.

You can provide valuable support to your association by attending the statewide convention which will be held October 17th and 18th, 2003 at the Cliffs Resort at Shell Beach, Calif. This is a great opportunity to reunite with old

friends and to pick up the necessary continuing education units to renew your license. Our previous meetings at Shell Beach have been a huge success so don't miss out on this years meeting. We have a lineup of speakers who will keep you abreast with the latest developments in the laboratory. There is constant change going on in the legislative processes that affect our future and also more challenges facing us in regards to Medicare & Medi-Cal reimbursement. Get the most up to date info from the people that know.

The seminars will be capped off with a dinner banquet Saturday evening. Find out who will be the recipient of the Bioanalyst Emeritus award. Previous awardees were Fred Newman, George Highland and Jerry Lash. Who will be #4 ????

The seminars are open to all laboratory industry personnel, and is an especially convenient means for licensed personnel to obtain up to 12 continuing education units. Invite your colleagues and co-workers for a couple of days of camaraderie and fun at beautiful Shell Beach, Calif.

Mark Alcantar,
President CAB

More Inside This Issue:

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SHELL BEACH MEETING AGENDA:**Friday, October 17, 2003**

- 6:30 am: **Registration, Continental Breakfast**
- 7:00 am: **Quality Assessment:**
Edd E. Epstein, Colteo, Inc.
- 8:30 am: **Menopause and Osteoporosis:**
Jonathan McDermid, DPC, Inc.
- 9:45 am: **Hepatic Function Review:**
Earl B. Weissman, Ph.D., WHS, Inc.
- 10:45 am: **Hepatic Disease:**
Earl B. Weissman, Ph.D., WHS, Inc.
- 11:45 am: **Brain Naturetic Peptide:**
Beckman-Coulter, Inc.
- 1:00 pm: **End of Friday Educational Meeting,
Afternoon and Evening Free.**

Saturday, October 18th, 2003

- 6:30 am: **Registration, Continental Breakfast**
- 7:00 am: **Laboratory Compliance 2003
and Beyond:**
Thomas Barrow, M.S., Jill Osmars, Esq.
- 10:15 am: **Legislative Update:**
Michael Arnold, Arnold & Associates
- 11:15 am: **LFS Update:**
Karen Nickel, Ph.D., Chief, DHS-LFS
- 12:30 pm: **CAB Membership Meeting,
Lunch included**
- 2:00 pm: **CAB Board of Directors Meeting**
- 6:00 pm: **Cocktails**
- 7:00 pm: **Banquet**



The Cliffs
at Shell Beach
Oceanfront Resort Hotel



Cliffs Hotel (800) 826-7827

For Reservations: Inquire about rooms which have been set aside at a special CAB rate.

Meeting Registration Fees have not been finalized - Notification will follow, or Contact Richard Vance, Coordinator.

The Meeting is Open to All Lab Industry Individuals, Including:
Licensed Laboratorians,
Non-Licensed Laboratorians,
Owners, Directors, and Vendors.



Room View from the Cliffs Hotel

What's Happening with Medi Cal????:

-Thomas Barrow, MS, CLS

This year is to be the year of change in how the State handles which laboratories would be able to perform testing on the non-assigned Medi Cal patients in the State. Governor Davis has hired a pathologist and an administrator to implement a program that would required ALL California laboratories (must be a current Medi Cal provider), both independent labs and POL'S, with hospitals to follow, to reapply and be screened to be considered a provider under the new system. Medi Cal said the new application would be mailed several months ago, but labs are still waiting. There is a great mystery as to what will be included in the new application. Will laboratories be asked if they have a compliance program or have they ever been in trouble with Medi Cal or Medicare. State officials have indicated that there are many questionable labs in Southern California that will not be accepted into the new program.

Do laboratories want or need Medi Cal business? For many labs, Medi Cal is not a significant part of their business but if they are not a provider, it may be difficult to market their services, as physicians will want to work with a laboratory that can provide all services. Also, all of the Medi Cal related programs, like CHDP, would be lost if a laboratory is not chosen as a Medi Cal provider. More bad news! The State will be reducing laboratory Medi Cal reimbursements by 15%. The State expects that besides the savings from the 15% reduction, that with the elimination of questionable labs from the program, fraud potentials will be reduced and additional savings to the State will be recognized.

This waiting period has created much anxiety in many lab owners. The survival of their laboratories may depend on maintaining their ability to provide Medi Cal services. Many giant laboratories have had prior Medi Cal / Medicare problems and are now in a Corporate Integrity Program. Will they be considered or eliminated? The State must be very careful in the selection / rejection procedure as I am sure that many rejected labs will seek legal assistance.

For updates on this and Compliance issues you can e-mail Tom Barrow at tbarrowms@aol.com

Legislative Update:

- Robert Footlik, Chair Committee on Legislation

The major bill affecting CAB this year is Senate Bill 165 (Machado), and it is sponsored by the California Department of Health Services (DHS). SB 165, originally introduced on February 11, 2003, has since been amended twice, including once at the request of CAB.

If signed into law, this bill will do several things:

1. Existing law requires DHS to administer both a written and oral examination for licensure as a bioanalyst. However, a stated goal of the Laboratory Field Services Branch over the last several years is to get out of the examination business. Similar to the authority DHS has relative to the licensure of other laboratory personnel, SB 165 would provide DHS with the flexibility of either administering their own written exam or approving a national written exam for laboratory directors. Oral examinations, however, would continue to be administered by DHS. Currently, the only recognized national certifying exam for bioanalysts as lab directors is administered by the American Board of Bioanalysis (ABB). Inasmuch as the existing written exam administered by DHS is in serious need of revision, CAB supports DHS in this endeavor.
2. With few exceptions, BPC 655.6 currently requires direct billing of cytology services. SB 165 would add another exception, allowing a clinical lab to bill for cytology services referred to another clinical lab provided the testing lab is affiliated with the referral lab. An affiliated lab means a clinical lab that is wholly owned by, is the parent company of, or is under common ownership with, the clinical lab billing for the cytology services. For these purposes, "wholly owned" means 100 percent ownership directly or through one or more subsidiaries, and "common ownership" means 100 percent ownership by a common parent company.
3. Existing law limits the issuance of temporary licenses to clinical laboratory scientists who qualify to sit for the state exam. SB 165 would expand DHS authority to issue temporary licenses to those who qualify to sit for bench-level exams in licensed license categories, as well.
4. Existing law stipulates that DHS shall not require more than 12 hours of continuing education completed within a 12-month period for renewal of licensure issued pursuant to chapter 3 of the Business and Professions Code. SB 165 provide DHS with the flexibility to issue license renewals on a biennial basis in that DHS could alternatively require not more than 24 hours of continuing education in a 24-month period as a condition for license renewal.

Following is a complete summary of pending legislation from M.J. Arnold & Associates, CAB's legislative advocate in Sacramento:

AB 30 Richman Healthy Families Program: employed uninsured adults.

Text Version: A-07/08/2003 Position: Watch
 Status: 07/08/2003-Read second time, amended, and re-referred to
 Com. on APPR.

Summary:

Existing law establishes the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health care services to eligible children meeting certain household income requirements. Existing law authorizes the expansion of the program to uninsured parents or other adults responsible for children enrolled in the program subject to approval of a federal waiver making available federal funds for that purpose and appropriation of requisite state matching funds. Under existing law, the Healthy Families Program becomes inoperative on January 1, 2004. This bill would require the board to expand the program to provide coverage to employed childless adults of a qualified employer, as defined, who are uninsured for health care coverage and who meet certain household income requirements, subject to approval of a federal waiver and appropriation of state matching funds. The bill would require the board to adopt eligibility standards that prevent employers and employees from dropping employer-sponsored coverage in order to have employees receive benefits pursuant to the bill. The bill would provide that the expansion of health care coverage to employed childless adults will only occur if the program has been expanded to include health care coverage for uninsured parents of, and adults responsible for, children participating in the program. The bill would enact other related provisions.

AB 371 La Suer Blood tests.

Text Version: A-07/24/2003 Position: Watch
 Status: 07/27/2003-Read second time. To third reading. 08/19/03 189
 SEN SPECIAL CONSENT CALENDAR #22

Summary:

Under existing law, only specified medical and laboratory personnel may withdraw blood for purposes of testing its alcoholic content at the request of a peace officer. These personnel include unlicensed laboratory personnel regulated under specified existing laws that provide for and determine the required qualifications for a category of "certified phlebotomy technicians." In the context of clinical laboratory work, certified phlebotomy technicians generally may not withdraw blood unless supervised by a physically available physician and surgeon, nurse, or clinical laboratory licensee. This bill would permit a person who has been issued a "certified phlebotomy technician" certificate to withdraw blood in certain locations with general supervision, as defined, at the direction and in the presence of a peace officer, for forensic purposes, regardless of whether the person is employed by a clinical laboratory. This bill contains other related provisions.

AB 685 Leno HIV counselors: education and training.

Text Version: A-08/18/2003 Position: Watch
 Status: 08/18/2003-From committee chair, with author's amendments:
 Amend, and re-refer to committee. Read second time, amended, and re-referred to Com.
 on H. & H.S. 08/20/03 1:30 p.m. - California Room (4203) SEN HEALTH AND HUMAN
 SERVICES

Summary:

Existing law authorizes the State Department of Health Services, through its Office of AIDS, to participate in a rapid human immunodeficiency virus test research program conducted with the federal Centers for Disease Control and Prevention, involving innovative HIV testing and counseling programs. This bill would provide that an HIV counselor acting in accordance with the above provisions who successfully completes the HIV counselor training shall be deemed to have demonstrated sufficient literacy and comprehension to advance to the limited phlebotomy technician (LPT) training and to substitute completion of the HIV counselor training for any requirement for a high school diploma or General Education Development (GED) equivalent, and would revise the conditions under which an HIV counselor may perform these HIV tests. This bill contains other related provisions and other existing laws.

AB 1087 Frommer Venipuncture.

Text Version: A-04/30/2003 Position: Watch
 Status: 07/17/2003-From Consent Calendar. To third reading. 08/19/03
 148 SEN ASSEMBLY BILLS-THIRD READING FILE

Summary:

Existing law provides that an unlicensed person employed by a licensed clinical laboratory may perform venipuncture or skin puncture for specified purposes upon specific authorization from a licensed physician and surgeon if he or she meets specified requirements, including any required certification. This bill would provide, in addition, that a person who has obtained certification as a "certified phlebotomy technician" may perform venipuncture or skin puncture to obtain a specimen for nondiagnostic tests with general supervision, as defined.

AB 1460 Nation Clinical laboratory directors.

Text Version: A-04/21/2003 Position: Oppose
 Status: 04/22/2003-Re-referred to Com. on B. & P.

Summary:

Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists. Under that law, a pharmacist is authorized to perform routine patient assessment procedures that are defined, in part, by reference to regulations adopted by a federal agency. Existing law also provides for the regulation of clinical laboratories and specifies the qualifications required to serve as a laboratory director. Under existing law,

the violation of these provisions is punishable as a crime. This bill would reflect the change of name of the federal agency that adopted those particular regulations. The bill would also authorize a pharmacist to be a laboratory director of a clinical laboratory that provides only routine patient assessment procedures, as defined. Because the bill would specify these requirements, the violation of which would be a crime, it would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1762 Committee on Budget Health.

Text Version: C-08/12/2003 Position: Oppose
 Status: 08/12/2003-Chaptered by Secretary of State - Chapter No. 230,
 Statutes of 2003

Summary:

This is the budget trailer bill on health issues. Section 14105.19 is added to the Welfare and Institutions Code to cut Medi-Cal provider rates by 5%, effective January 1, 2004. Clinical lab tests are exempt from this cut. Section 14105.22 is added to cap reimbursement for laboratory services at no more than 80% of the Medicare rate. The bill also includes non-codified language in Section 77 of the bill, prohibiting the Department of Health Services from implementing frequency limits on lab tests until "at a minimum, an Internet and telephone process are available for applicable providers to access the laboratory service reservation system." This language goes on to say that "The laboratory service reservation system will allow laboratories, prior to performing a lab procedure, the opportunity to verify that service limits have not been reached for that procedure and for that Medi-Cal beneficiary." The Department of Health Services plans to implement frequency limits on lab testing done for Medi-Cal patients. The language in Section 77 impacts the timing of the frequency limit proposal.

SB 2 Burton Health care coverage.

Text Version: A-06/23/2003 Position: Watch
 Status: 07/21/2003-Assembly appoints Conference Committee: Assembly
 Members Frommer, Cohn, and Pacheco. 08/19/03 19 SEN IN CONFERENCE (SENATE
 BILLS)

Summary:

Existing law does not provide a system of health care coverage for all California residents and does not require employers to provide health care coverage for employees and dependents, other than coverage provided as part of the workers' compensation system for work-related employee injuries. Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements. These programs include the Healthy Families Program administered by the Managed Risk Medical Insurance Board, and the Medi-Cal program administered by the State Department of Health Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. This bill would declare the intent of the Legislature to ensure health care coverage for working Californians and their families.

SB 165 Machado Clinical laboratories.

Text Version: A-06/16/2003 Position: Watch
 Status: 08/18/2003-In Senate. To unfinished business. 08/19/03 55 SEN
 UNFINISHED BUSINESS

Summary:

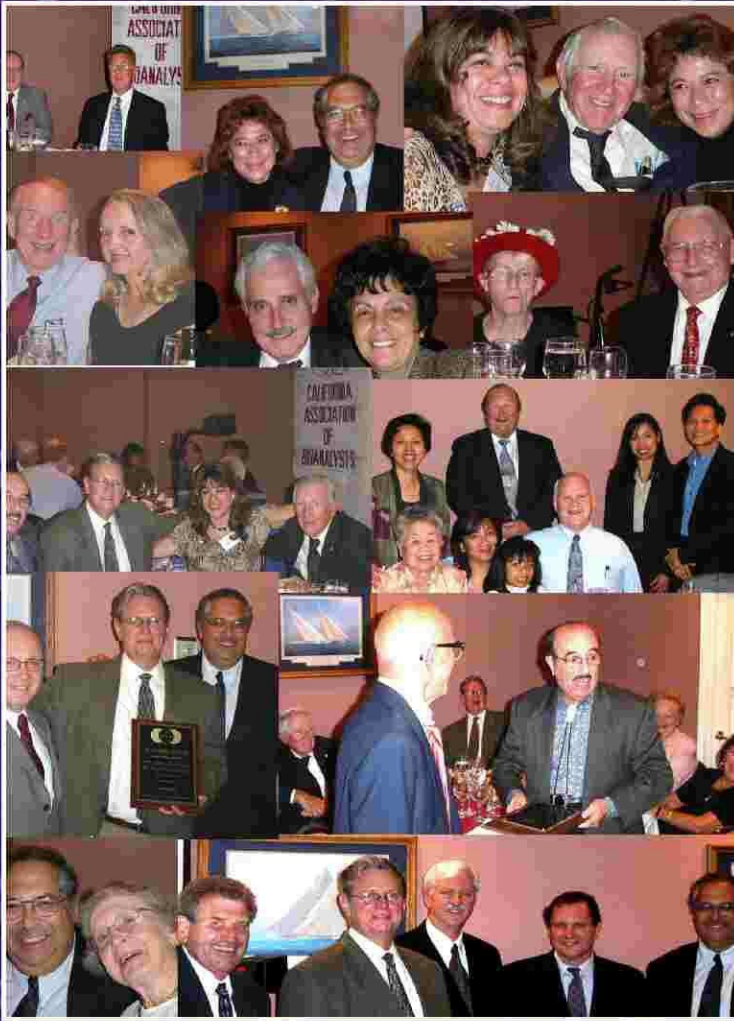
Existing law makes it unlawful, subject to specific exceptions, for a healing arts practitioner to charge for cytologic services relating to the examination of gynecologic slides that were not performed by that practitioner or under his or her direct supervision. This bill would add another exception to these provisions, allowing a clinical laboratory to bill for cytologic services relating to the examination of gynecologic slides performed by an affiliated clinical laboratory, as defined. This bill contains other related provisions and other existing laws.

SB 921 Kuehl Single payer health care coverage.

Text Version: A-06/26/2003 Position: Watch
 Status: 07/08/2003-Set, first hearing. Hearing canceled at the request of
 author.

Summary:

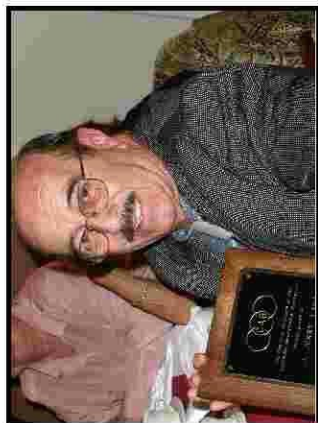
Existing law does not provide a system of universal health care coverage for California residents. Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements. These programs include the Healthy Families Program administered by the Managed Risk Medical Insurance Board, and the Medi-Cal program administered by the State Department of Health Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. This bill would establish the California Health Care System to be administered by the newly created California Health Care Agency under the control of an elected Health Care Commissioner. The bill would make all California residents eligible for specified health care benefits under the California Health Care System, which would, on a single-payer basis, negotiate for or set fees for health care services provided through the system and pay claims for those services. The bill would prohibit deductibles or copayments during the initial first 2 years of operation of the health care system, but would authorize the commissioner to establish deductibles and copayments thereafter. The bill would require the health care system to be operational by January 1, 2006, and would enact various transition provisions. The bill would require the commissioner to seek all necessary waivers, exemptions, agreements, or legislation to allow various existing federal, state, and local health care payments to be paid to the California Health Care System, which would then assume responsibility for all benefits and services previously paid for with those funds. This bill contains other related provisions and other existing laws.



2002 BANQUET HIGHLIGHTS



2002 CONVENTION SPEAKERS



Jerry Lash was recipient of the
CAB year 2002
Bioanalyst Emeritis Award

BIOANALYST EMERITIS AWARD QUALIFICATIONS

- ◆ Distinguished contributor to goals and ethics of CAB
- ◆ 25 years Bioanalyst and Member of CAB
- ◆ Retired, not actively directing laboratory
- ◆ Actively attends at least one major meeting of CAB per year for the last 10 years. *(This changed in 2001 from 2 to 1 meeting per year. Must include CAB Convention or Mid Year Meeting)
- ◆ Unanimous choice of CAB Board of Directors

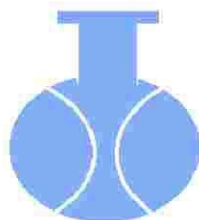
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