DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
HEALTH CARE QUALITY AND COMPLIANCE
MEDICAL LABORATORY ADVISORY COMMITTEE MEETING

Draft Minutes
Date: October 12, 2016
Time: 2 p.m.

MEETING LOCATIONS

Videoconference to:

Division of Public and Behavioral Health
727 Fairview Drive, Suite E
Carson City, Nevada 89701

Division of Public and
Behavioral Health
4220 South Maryland

CALL IN NUMBER: 775-887-5619 Access Code 2000 Pin No. 1012

NOTE: ADVISORY BOARD MEMBERS MAY ATTEND IN EITHER LOCATION OR USE THE CALL IN NUMBER.

AGENDA ITEMS MAY BE TAKEN OUT OF ORDER, COMBINED FOR CONSIDERATION, AND/OR REMOVED FROM THE AGENDA AT THE CHAIRPERSON'S DISCRETION

Attendees:
MLAC members in attendance:
Joel S. Bentz, M.D. (teleconference)
Mollie A. Kircher, MT (teleconference)
Dr. Victor A. Muro, M.D. (teleconference)
Dr. Elizabeth Jack, M.D. (teleconference)
Karen F. Carifo, Ph.D. Chairperson (teleconference)

Absent members:
Cynthia Corley Mastick, Ph.D.
Gayle L. Peterson, M.T.

Other attendees:
Linda Andersen, Chief Deputy Attorney General (teleconference)
John Dimuro, D.O. MBA, State Health Officer (teleconference)

Attending in Carson City:
Leticia Metherell, Health Facilities Inspection Manager, RN

Vickie Estes, Health Facilities Inspector III
Christie Casey, AAIII
Michele Young, AAIII

Attending in Las Vegas:
Brad Waples, Health Facilities Inspector II

The Medical Laboratory Advisory Committee (MLAC) meeting was held via teleconference from the Bureau of Health Care Quality and Compliance (BHCQC), 727 Fairview Drive Suite E, Carson City, Nevada and video-conferenced to the BHCQC conference room in Las Vegas. Roll call was taken at 2:05 p.m. and Christie Casey noted that there was a quorum and Dr. Carifo, Chairperson presided over the meeting.

Vickie Estes introduced John Dimuro, D.O. MBA, State Health Officer

Approval of minutes from the June 2, 2015 meeting.

The chair asked if there was anyone that wanted to make a comment regarding the June 2, 2015 meeting minutes. There were no comments.

> **CHAIR CARIFO MOVED FOR APPROVAL OF THE JUNE 2, 2015 MEETING MINUTES. MS. KIRCHER SECONDED THE MOTION. APPROVAL OF THE MEETING MINUTES PASSED UNANIMOUSLY.**

Review of curriculum vitae for Cynthia Corley Mastick, Ph.D., for a second term on the Medical Laboratory Advisory Committee and consider for recommendation to the Nevada State Board of Health per NRS 652.170 (3) for final approval.

> **MS. KIRCHER MOVED FOR APPROVAL OF CYNTHIA CORLEY MASTICK, PH.D., FOR A SECOND TERM ON THE MEDICAL LABORATORY ADVISORY COMMITTEE. DR. JACK SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.**

Make Recommendations on Proposed Medical Laboratory Regulations.

Dr. Carifo asked if there was any public comment on the proposed medical laboratory regulations. There being none, she turned the meeting over to Leticia Metherell, Health Care Quality and Compliance to review the proposed regulations.

Leticia Metherell explained that these are the proposed regulations that everyone reviewed in June but since that time there were some public workshops and public comments that were received. She noted that included with the MLAC packet was an opposition statement to section number 5, Subsection 6. There have been additional changes since the last MLAC meeting and these changes are coming before the MLAC.

The Chair asked her to review each section.

Dr. Jack said that she was not at the last meeting and requested a brief synopsis of what Subsection 6, Section 5 pertains to and is unsure of the intent of the change

Leticia Metherell said these are medical laboratory testing regulations. She stated that the opposition statement included references to medication administration and blood pressures which are covered under Chapter 449 and are not a part of the proposed laboratory regulations because they pertain only to lab testing. The main opposition to this regulation is actually Section 5, Subsection 6 which would allow a nurse to serve as a laboratory director of an exempt lab that only performs one waived test.

Responding to Dr. Jack's question as to where does the need arise from for this change, Leticia Metherell explained some residential facilities for groups and adult day care centers want to be able to do a waived glucometer glucose test on their clients. It was explained that currently these facilities can perform waived glucose testing if they became an exempt laboratory. They would have to submit an application and fulfill all the regulatory requirements. One of the main concerns was the cost to have a physician, which is the only person allowed to act as an exempt laboratory director in current regulations, to serve as the director. A physician, for these purposes, means a medical doctor, doctor of osteopathy, podiatrist, or chiropractor. Concerns arose with not being able to provide those services to these individuals while they are at their adult day care center.

Dr. Jack asked what type of license is required of an adult day care center in terms of providing health care services. Leticia Metherell said they have a license through HCQC and are not a medical model. It is a social model that they go in for adult day care services.

Addressing Dr. Jack's question if an RN is normally on site at an adult day care center, Leticia Metherell explained it is not required by law.

Dr. Muro asked regarding the need, when does this testing arise and what would be done with the information. He said if someone has low or high blood sugar, some professional advice would be required.

Leticia Metherell said when they go into the daycare or residential care service, they would have to have the resident's physician or the person on call for the physician be responsible for taking care of the results.

Dr. Jack said that all laboratory directors understand the spectrum of what is involved in testing. The person who is directing the laboratory, is the only person that is ultimately responsible for interpreting the results and the documentation. She explained that she was concerned about the ability of someone to interpret the values and the unacceptable values and act upon those.

Dr. Muro said the need would arise in one of the day care facilities regarding the blood sugar but as regulations are currently drafted it opens it up to a lot of other areas.

There was a round table discussion on the level of responsibilities of the laboratory director. The members did not like that the proposed regulation, as was written, was so broad that it would apply to all waived tests in general.

The members said that they would go along with a proposed regulation that was written more specifically for glucose testing, without expanding it to all waived tests.

Dr. Jack asked what the advisory committee options were.

Leticia Metherell said the MLAC makes recommendations to the Board of Health. The recommendation could be to change the proposed regulation from one waived test to only glucose waived test.

Dr. Carifo asked if there has been enough information on the business impact and how many people will be impacted. Leticia Metherell said it was brought up by groups such as adult day care and some residential facility for groups.

Dr. Carifo said there are hundreds of waived tests and it probably is best to write the regulation for a glucose test. The real issue is the glucose testing and that is what should be addressed.

Dr. Jack said this would make many more waived tests available and the state needs to be careful introducing an unknown. She agreed with Dr. Carifo that the real issue is glucose testing.

Dr. Muro commented to leave the proposed regulation as an open end for waived testing, is setting up for a huge problem.

Dr. Jack said that under these regulations, every pharmacy would have to be inspected which creates a huge burden.

DR. CARIFO MOVED THAT THE RECOMMENDATION TO THE BOARD OF HEALTH IS TO WRITE THE REGULATIONS ONLY TO INCLUDE GLUCOSE TESTING BECAUSE THERE ARE SO MANY OTHER WAIVED TESTS. DR. MURO SECONDED THE MOTION. THE MOTION PASSED UNANIMOUSLY.

Leticia Metherell commented that the waived HIV tests, by statutes cannot require a licensed physician to serve as the laboratory director of a laboratory that only performs HIV waived testing.

Dr. Jack asked about **Section 17** NAC 652.480, Section 2d, what type of licensure is required. Leticia Metherell explained that a license is required but they have go to another state to get the experience in order to become licensed in Nevada. The proposed regulations would allow a person to apply for the position, give the minimum requirements, educational requirements, but they have the ability to stay in-state to gain that required experience. If they can't get the experience they are having to go out-of-state,

the state may be losing some good technologists. With this change, the person can get the one year of experience without having to move out-of-state.

Both Dr. Carifo and Dr. Jack said they should have a provisional license to do that.

Leticia Metherell explained that they would have provisional licensure regulation for technologists until they pass the national exam.

Dr. Carifo said that they must have a provisional license and work under supervision. This is the consensus of the group.

Leticia Metherell said she would work with the deputy attorney general to see if a provisional license would already be covered by current regulations, and if not, she would work with the deputy attorney general on a provisional language requirement for this circumstance.

Dr. Carifo said the other question is that they are constantly approving respiratory technicians, has that issue been corrected. Leticia Metherell noted that was fixed at the last meeting.

Regarding Section 9, part 3, Dr. Jack asked why it changed from ten working days to ten calendar days.

After a roundtable discussion on the 10 calendar days issue, the committee recommended that it be changed to 14 calendar days.

Continuing her regulation review, Leticia Metherell:

Section 13 – MLAC member had a concern that a technologist without the required experience could work without a license but should have some kind of license to work.

Section 14 – Clarified the degree that is acceptable to qualify for a histologic technician to be a degree in chemistry, biology or a physical science.

Section 15 – Exempts office lab assistants from requiring CEU's to reactivate since they do not need them to renew.

Section 16 – extends the temporary employment to 12 months. Sometimes it takes individuals up to six months to get everything in place.

Section 17 – Leticia Metherell noted she would work with the Deputy Attorney General on language to require a provisional license for a technologist who has not obtained the necessary experience.

Section 18 - clarified that Section 18 changes the provisional certificate from being good for 180 days with the ability to reapply three times, to making it good for 18 months. This is an equivalent amount of time but would be less expensive and create less work for staff.

In summary, MLAC made the following recommendations to the Board of Health for the proposed regulation changes:

1. Recommend changing Section 5, Subsection 6 from one waived test to glucose only waived testing.
2. Change the ten calendar day requirement to 14 calendar days.
3. Provide language for a provisional license to be required in the two instances in which a technologist has not obtained the necessary experience to be certified as a technologist.

DR. CARIFO MADE A MOTION TO RECOMMEND THE CHANGES AS SUMMARIZED BY LETICIA METHERELL. MS. KIRCHER SECONDED THE MOTION. MOTION PASSED UNANIMOUSLY.

PROPOSED REGULATIONS OF THE STATE BOARD OF HEALTH
LCB File No. R149-15
(as presented at the MLAC meeting)

These regulations are being proposed in accordance with NRS 652.125 and 652.090.
EXPLANATION - Matter in ***italics*** is new; matter in brackets **[**omitted material**]** is material to be omitted.
Chapter 652 of NAC is hereby amended by adding thereto the provisions set forth as sections 1 to 20, inclusive, of this regulation.
Section 1 ***"Temporary Location" defined. "Temporary Location" means a location established by a licensed laboratory that is located outside of the licensed laboratory and is established for no more than 90 days from the effective date of licensure.***
Section 2 ***"Exempt Laboratory" defined. Except as otherwise provided in NAC 652.175, "exempt laboratory" means a laboratory in which the only laboratory tests performed are:***
1. Classified as waived tests pursuant to 42 CFR Part 493, Subpart A; or
2. Categorized as provider-performed microscopy procedures pursuant to 42 CFR § 493.19.
Section 3 ***"Form" defined. "Form" means a paper form or electronic form including an online application as required by the Division.***
Section 4 ***1. Except as otherwise provided in this section and NRS 652.071, the provisions of this chapter do not apply to a laboratory in which the only test performed is for the detection of the human immunodeficiency virus that is classified as a waived test pursuant to the provisions of Part 496 of Title 42 of the Code of Federal Regulations.***
2. The provisions of this section do not relieve a laboratory in which the only test performed is for the detection of the human immunodeficiency virus that is classified as a waived test pursuant to the provisions of Part 496 of Title 42 of the Code of Federal Regulations from the requirement to submit an application in a format prescribed by the Division and pay the applicable fees as set forth in NAC 652.488.
3. The laboratory director of a laboratory pursuant to this section does not have to meet any qualifications except those as provided in NRS 652.180.
Section 5 NAC 652.155 is hereby amended to read as follows:
1. Except as otherwise provided in this section and NRS 652.230, the provisions of this chapter:
(a) Apply to:
(1) A laboratory which is licensed pursuant to NRS 652.080 and which provides services to the public; and
(2) A nonexempt laboratory which is registered pursuant to NAC 652.175; and
(b) Do not apply to an exempt laboratory which is registered pursuant to NAC 652.175.

2. Except as otherwise provided in subsection 3, a person who is employed by a laboratory that is licensed by or registered with the Division pursuant to chapter 652 of NRS may perform a test without complying with the provisions of this chapter if:

(A) The test has been classified as a waived test pursuant to 42 C.F.R. Part 493, Subpart A; and
(b) The director, a designee of the director or a licensed physician at the laboratory at which the test is performed:
(1) verifies that the person is competent to perform the test;
(2) Ensures that the test is performed in accordance with instructions of the manufacturer of the test; and
(3) Validates and verifies the manner in which the test is performed by using controls which ensure that the results of the test will be accurate and reliable.
3. Except as otherwise provided in subsection 4, the provisions of subsection 2 do not relieve a person who performs a test from the requirement to:
(a) Comply with the policies and procedures that the director of the laboratory at which the test is performed has established pursuant to NAC 652.280; **[**or**]**

(b) Comply with the Laboratory Safety Guidelines pursuant to NAC 652.291; or
[(b)**]** ***(c)*** Obtain certification pursuant to NAC 652.470 and pay the applicable fees as set forth in NAC 652.488.
4. An advanced practice registered nurse as defined in NRS 632.012 or a physician assistant as defined in NRS 630.015 who is employed by a laboratory that is licensed by or registered with the Division pursuant to chapter 652 of NRS and who has not received certification pursuant to NAC 652.470 may perform a test without complying with the provisions of this chapter if the test:
(a) Has been classified as a waived test pursuant to 42 C.F.R. Part 493, Subpart A; or
(b) Is a provider-performed microscopy categorized pursuant to 42 C.F.R. § 493.19.

5. Except as otherwise provided in subsection 3 of Section 4, to serve as the laboratory director of an exempt laboratory an individual must be a licensed physician, an advanced practice registered nurse licensed pursuant to Chapter 632 of NRS, a physician assistant licensed pursuant to chapter 630 or 633 of NRS, a general supervisor of a licensed laboratory licensed pursuant to Chapter 652 of NRS, or a clinical laboratory technologist licensed pursuant to Chapter 652 of NRS.
6. Except as otherwise provided in subsection 3 of Section 4, to serve as the laboratory director of an exempt laboratory that only performs one waived test classified as a waived test pursuant to the provisions of Part 493 of Title 42 of the Code of Federal Regulations an individual must be one of the individuals listed in subsection 5 of this section, a nurse licensed pursuant to Chapter 632 of NRS, a pharmacist licensed pursuant to Chapter 639 of NRS or any laboratory personnel licensed or certified pursuant to Chapter 652 of NRS except that a certified office laboratory assistant, blood gas assistant or laboratory assistant would not be able to serve as a laboratory director.

[5.**]** **7.** As used in this section, "licensed physician" includes:
(a) A physician licensed as a doctor of medicine pursuant to chapter 630 of NRS;
(b) A physician licensed as a doctor of osteopathic medicine pursuant to chapter 633 of NRS;
(c) A chiropractic physician licensed pursuant to chapter 634 of NRS; and
(d) A podiatric physician licensed pursuant to chapter 635 of NRS.

Section 6 NAC 652.200 is hereby amended to read as follows:

An application for a license as a director must be on a form provided by the Division, giving complete information as indicated, including educational background, experience and the identity of the laboratory to be directed. [The fee for licensure is not refundable.]

Section 7 NAC 652.210 is hereby amended to read as follows:

A license as a director may be issued by the Division on behalf of the Board for those applicants who qualify for licensure under NAC 652.380 or 652.383. [If the Division cannot determine the qualifications of an applicant, the Division shall submit the application to the Committee for its recommendation before making a determination.] The Division shall notify the applicant of the status of the application within 30 days after receipt of the application.

Section 8 NAC 652.284 is hereby amended to read as follows: A director shall ensure that:

1. The laboratory is enrolled in a program for proficiency testing regarding all the testing performed by the laboratory.

2. All procedures of the program are followed, including:

(a) The testing of samples as required; and

(b) The return of results within the required time.

3. Corrective action, which is approved by the Division, is performed if any results are found to be unacceptable or unsatisfactory.

4. The maintenance of documentation to verify that all reports received regarding the program are reviewed by appropriate members of the staff for evaluation of the performance of the laboratory and identification of any problems requiring corrective action.

5. If the laboratory fails to perform satisfactorily in two ***consecutive testing events or two*** out of **[**any**]** three testing events for a procedure, ***and then has one or more subsequent failures after the two failures noted in this section,*** the laboratory ***shall*** cease[s] to perform that procedure until it demonstrates to the satisfaction of the Division that the violations of the laboratory have been corrected in such a manner as to ensure that they will not recur.

Section 9 NAC 652.320 is hereby amended to read as follows:

1. Except as otherwise provided in this subsection, the Division shall inspect periodically the premises and operation of each laboratory, including, without limitation, the premises of an outpatient center of the laboratory, if any. A laboratory that is subject to inspection by an accrediting organization approved by the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services pursuant to 42 C.F.R. §§ 493.551 to 493.575, inclusive, is not required to be inspected periodically by the Division if the reports of the inspections are available to the Division.

2. Upon receipt of a complaint against a laboratory or its personnel, except for a complaint concerning the cost of services, the Division may conduct an investigation into the premises, qualifications of personnel, methods of operation, policies, procedures and records of that laboratory or any other laboratory which may have information pertinent to the complaint.

3. The Division shall report violations noted at the time of each inspection by forwarding to the director, ***or the director's designee*** a statement of violations, which must include the severity level for the violation as determined by the Division, and a form ***mechanism*** for the director to submit a plan of correction. Any violation for which a severity level is not specified in the statement of violations is presumed to be a violation of severity level one. The director shall return the form ***submit the plan of correction*** to the Division, containing thereon the plan of correction for each of the violations, within 10 working ***calendar*** days after receiving the form. The plan must indicate the date by which each violation will be corrected.

4. Failure to submit the plan of correction timely pursuant to subsection 3 to the Division constitutes a separate violation subject to monetary penalties with a severity level rated at the same level as the highest violation identified on the statement of violations.

Section 10 NAC 652.380 is hereby amended to read as follows:
Except as otherwise provided in NAC 652.383, to qualify for a license as a director of a licensed laboratory, a person must meet one of the following qualifications:
1. Be a physician who is licensed to practice medicine in this State and:
(a) Be certified in anatomical and clinical pathology, or in clinical pathology, by:
(1) The American Board of Pathology; or
(2) The American Osteopathic Board of Pathology;
(b) Possess qualifications which are equivalent to those required for certification by either of the institutions listed in paragraph (a);
(c) Within the 10 years immediately preceding application for a license, have successfully completed a 4-year program accredited by the National Accrediting Agency for Clinical Laboratory Sciences;
(d) Be certified, in accordance with NAC 652.410, as a general supervisor; or
(e) Have at least 4 years of experience as a technologist:
(1) In a licensed laboratory or a laboratory of a hospital, health department or university;
(2) As a full-time employee working at least 30 hours per week; and
(3) Under the supervision of a director who possesses a doctoral degree.
2. Hold an earned doctoral degree from an accredited institution, with a chemical, physical, biological or clinical laboratory science as the major, and:
(a) Be certified by:
(1) The American Board of Medical Microbiology;
(2) The American Board of Clinical Chemistry;
(3) The American Board of Bioanalysis;
(4) The American Board of Medical Laboratory Immunology;

(5) The National Registry of Certified Chemists;
[(5)**]** ***(6)*** The American Board of Forensic Toxicology; or
[(6)**]** ***(7)*** The American Board of Medical Genetics ***and Genomics***; or
(8) The American Board of Histocompatibility and Immunogenetics; or
(9) Any other board approved pursuant to 42 CFR § 493.1443 (b) (3).
(b) Possess qualifications which are equivalent to those required for certification by any of the institutions listed in paragraph (a).
Section 11 NAC 652.385 is hereby amended to read as follows:
To qualify for a license as a director of a licensed laboratory testing for pulmonary conditions, a person must:
1. Be a physician certified by the American Board of Internal Medicine in the subspecialty of pulmonary disease ***or certified by the American Osteopathic Board of Internal Medicine in the subspecialty of pulmonary disease***; or
2. In a geographical area which does not have a person who meets the qualifications set forth in subsection 1, be a physician licensed to practice in this State, whose experience is acceptable to the Division.
Section 12 NAC 652.395 is hereby amended to read as follows:
To qualify for a license as a director of a registered laboratory, a person must:
1. Be a physician licensed to practice in this State and have:
(a) At least 1 year of experience directing or supervising laboratory testing in a laboratory which meets the requirements of NAC 652.170 to 652.600, inclusive;
(b) Credit for at least 20 hours of continuing medical education in laboratory practice regarding the responsibilities of a director; or

(c) Laboratory training, obtained during medical residency, equivalent to the training required by paragraph (b); or

2. Hold an earned doctoral degree from an accredited institution, with a major in chemical, physical, biological or clinical laboratory science, and:

(a) Have at least 1 year of experience directing or supervising laboratory testing in a laboratory which meets the requirements of NAC 652.170 to 652.600, inclusive;

(b) Be certified by:

(1) The American Board of Medical Microbiology;

(2) The American Board of Bioanalysis;

(3) The American Board of Medical Laboratory Immunology;

(4) The American Board of Clinical Chemistry;

(5) The National Registry of Certified Chemists;

[(5)] ***(6)*** The American Board of Forensic Toxicology; or

[(6)] ***(7)*** The American Board of Medical Genetics ***and Genomics***; or

(8) The American Board of Histocompatibility and Immunogenetics; or

(9) Any other board approved pursuant to 42 CFR § 493.1443 (b) (3).

(c) Possess qualifications which are equivalent to those required for certification by any of the institutions listed in paragraph (b).

Section 13 NAC 652.420 is hereby amended to read as follows:

1. A clinical laboratory technologist may:

(a) Perform tests which require the exercise of independent judgment, under minimum supervision or review by the director or general supervisor, in those specialties for which the technologist has had adequate education, training and experience and in which he or she has demonstrated a proficiency; and

(b) Supervise, if necessary, the work of the medical technicians and laboratory assistants.

2. To qualify for a certificate as a clinical laboratory technologist, a person must:

(a) Successfully complete a full course of study which meets all academic requirements for a bachelor's degree in medical technology from an accredited college or university, and pass a national examination for certification approved by the Board;

(b) Successfully complete a course of study for a bachelor's degree in one of the chemical, physical or biological sciences at an accredited college or university, have at least 1 year of additional full-time experience or ***if the technologist does not have the 1 year of experience he or she must work under the supervision of a director who possesses a doctoral degree for the first 12 months of employment, in the chosen specialty. If there is a break in employment the time not working does not count towards the 12 months*** or training in the specialty or subspecialty in which the person performs tests, and pass a national examination for certification approved by the Board; or (c) Pass the examination for clinical laboratory technologists given by the United States Department of Health and Human Services.

Section 14 NAC 652.437 is hereby amended to read as follows:

1. To qualify for a certificate as a histologic technician, a person must:

(a) Successfully complete a program in histotechnology certified by the Committee on Allied Health Education and Accreditation;

(b) Have an associate degree ***in chemistry, biology or a physical science*** or successfully complete at least 60 semester hours or the equivalent of academic credit from an accredited college or university with at least 12 semester hours in science, of which 6 hours are in chemistry and 6 hours are in biology, and have 1 year of full-time experience in histotechnology in a histology laboratory under the supervision of a pathologist

certified in anatomic pathology by the American Board of Pathology Incorporated or a pathologist eligible for certification in anatomic pathology; or
(c) Be a high school graduate or the equivalent and have 2 years of full-time experience in histotechnology, within the preceding 5 years, in a histology laboratory under the supervision of a pathologist certified in anatomic pathology by the American Board of Pathology Incorporated or a pathologist eligible for certification in anatomic pathology.
2. A histologic technician may only perform histologic procedures under the supervision of a histotechnologist or the director and may only perform cytologic procedures under the direction of a cytotechnologist, a histotechnologist or the director.
Section 15 NAC 652.461 is hereby amended to read as follows:
1. Except as otherwise provided in subsection 2, any person, ***except an office laboratory assistant,*** desiring to have an inactive or a delinquent license or certificate reinstated shall submit evidence to the Division that he or she has completed 1 unit of continuing education within the 2 years immediately preceding the application for reinstatement of the license or certificate.
2. An inactive or delinquent license or certificate may be conditionally reinstated without the evidence required by subsection 1 if the applicant completes one unit of continuing education within a period established by the Division. Any failure to complete the continuing education or satisfy any other condition established by the Division is a ground for revocation of the license or certificate.
Section 16 NAC 652.470 is hereby amended to read as follows:
1. Before working in a laboratory at any technical level:
(a) An application for certification must be made on a form provided by the Division giving information on the applicant's educational background;
(b) Substantiating documents such as college or other academic transcripts or copies of certificates of registration should accompany the application, but must be submitted within 6 months after the date of the application;
(c) The form must indicate the level and title for which certification is desired; and
(d) The fee prescribed in NAC 652.488 must accompany the application.
2. Temporary employment, for a period not exceeding [6] ***12*** months, may be granted while the application is being processed, or when the applicant has been issued a provisional certificate ***for the length of time that the provisional certificate is active.***
3. The Division shall issue the appropriate certificate on behalf of the Board when it is determined that all requirements for certification are satisfied. [Applications which are incomplete or require further review must be referred to the Committee for its recommendation.]
4. A person may upgrade his or her certificate after completing the appropriate additional experience, training or academic requirements, or any combination thereof, by applying to the Division pursuant to subsection 1.
5. A person whose certification has lapsed for more than 5 years may reapply for certification by submitting an original application to the Division accompanied by the fee prescribed in NAC 652.488.
6. A person whose certification has lapsed for 5 years or less may reapply for certification by submitting an application for reinstatement to the Division accompanied by the fee prescribed in NAC 652.488.
7. A certificate will be placed in an inactive status upon the approval of the Division and payment of the fee prescribed in NAC 652.488.
Section 17 NAC 652.480 is hereby amended to read as follows:
1) 1. Except as otherwise provided in NAC 652.483, to be certified by the Division in a specialty, a technologist must pass a national examination for certification in the specialty and must have successfully completed a course of study for a bachelor's degree in one of the chemical, physical or biological sciences at an accredited college or university, and have 1 year of experience working in a licensed laboratory, or a

laboratory of a hospital, health department or university, in the chosen specialty***, under the supervision of a director who possesses a doctoral degree or if the technologist does not have the 1 year of experience he or she must work*** under the supervision of a director who possesses a doctoral degree ***for the first 12 months of employment, in the chosen specialty. If there is a break in employment the time not working does not count towards the 12 months.***

2. Each applicant for certification in a specialty must designate on the application the specialty in which he or she desires to be certified. The applicant must submit with the application:
(a) Verification of successful completion of the course of study required by subsection 1; and
(b) A letter from the director of the laboratory in which the applicant obtained experience which verifies that the applicant has the experience required by subsection 1[.]***;or***
3. A signed and dated letter from the director of the laboratory in which the applicant is hired stating he or she will supervise the applicant pursuant to subsection 1.
4. [3.] Each certificate will designate the holder by:

(a) The title of "Technologist" in a specialty; or
(b) An equivalent title and will show his or her area of specialty by a subtitle.
Section 18 NAC 652.486 is hereby amended to read as follows:
1. The Division shall, upon request by a technologist or technician who is required to pass a national examination for certification and who has been accepted as a candidate for testing, issue him or her a provisional certificate. The provisional certificate expires 180 days after the date of issue and is not renewable. No technologist or technician may request more than three provisional certificates pursuant to this section. The fee for a provisional certificate is the same as the fee set forth in NAC 652.488 for the certification of personnel.

2. The provisional certification shall be valid for 18 months from the time of issuance. The provisional certification cannot be renewed. –

Section 19 NAC 652.488 is hereby amended to read as follows:
The following fees will be charged:
1. Licensure of laboratory not described in subsection 2 Initial:

Annual test volume less than 25,000..... $1,100
Annual test volume at least 25,000 but less than 100,000..... 800
3,000 Annual test volume 100,000 or more..... ....
4,000 Annual test volume less than 25,000..... .....
Annual test volume at least 25,000 but less than 100,000..... 2,500
Annual test volume 100,000 or more..... 3,500

Public Comment.
There was no one that wished to testify under public comment.

Adjournment.

MS. KIRCHER MOVED FOR ADJOURNMENT. DR. CARIFO SECONDED THE MOTION. MOTION PASSED UNANIMOUSLY.

The meeting adjourned at approximately 3:24 p.m.