



# The Laboratory Personnel Shortage

## Reauthorize the Workforce Investment Act and Support Practical Title VII Provisions

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### ***Congressional Action/Support Requested***

- Support reauthorization of the Workforce Investment Act (WIA) in 2009 with an enhanced authorization level for the Community-Based Job Training Grants Program.
- Appropriate \$250 million dollar for the Community-Based Job Training Grants program in FY 2010.
- Urge HHS to designate a portion of the \$200 million available for Health Professions Training in the stimulus package to medical laboratory science students and medical laboratory training programs. (Title VII Allied Health Programs); and
- Reauthorize Title VII Allied Health Programs to include provisions that support laboratory training programs and students;

### ***Why is Federal Support of the Laboratory Workforce Needed?***

Patient access to quality health care services relies, in large part, on an adequate supply of well-trained allied health professionals. Unfortunately, many allied health fields, including the field of medical laboratory science, are plagued by severe workforce shortages. The U.S. Department of Labor projects that approximately 15,000 medical laboratory professionals will be needed each year through 2014. Unfortunately, the programs preparing tomorrow's laboratory workforce train only about a third of what is needed. Fewer than 5,000 individuals are graduating each year from accredited training programs.

Compounding the effort to increase our nation's capacity to train new laboratory professionals is the substantial decline in education programs over the past ten years. According to the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), the number of accredited medical laboratory science programs dropped from 709 in 1975 to 219 in 2009. For cytotechnologists, the number of training programs has been reduced 40 percent; from 65 programs in 1994 to 39 active programs in 2008. NAACLS reports that 7 laboratory science programs and 17 medical laboratory technician programs across twenty states are at risk for closure this year.

Personnel shortages raise concern about laboratory staff workload and turnover. Personnel turnover rates for some categories of laboratory personnel exceed 20 percent. Because of the difficulty in finding qualified staff, medical laboratories are increasingly turning to temporary staff (many of whom may already be working full- or part-time clinical laboratory jobs) to handle the patient testing workload.

Another concern is the aging laboratory work force, reflecting the slowing pace at which younger, newly trained laboratory professionals are entering the laboratory workforce. Approximately 40 percent of the laboratory workforce is within ten years of retirement.

## **Support the Workforce Investment Act with enhanced Community-Based Job Training Grants**

In reauthorizing the Workforce Investment Act (WIA), Congress should include provisions that make institutions of higher learning partners in job creation initiatives by including provisions in a reauthorized WIA that make public institutions of higher education automatically eligible as job-training providers. Congress should also authorize the Community-Based Job Training Grants program, which serves as a model for restructuring the delivery of job-training services in the Title I programs. Congress must close the gaps between workforce training, adult basic education and postsecondary education to give workers the skills and knowledge they need in today's economy.

In 2008, a \$2 million CBJTG grant program was awarded to a multi-institutional partnership in the State of Minnesota to support two-year clinical laboratory technician and four-year clinical laboratory science programs. This grant was supplemented by a \$1.2 million local matching grant from industry partnerships. As state funding declines, educational programs threaten the closure of laboratory training programs; the availability of CBJTG grants to innovate state and local clinical laboratory training programs will be essential to the survival of the field.

The tremendous number of proposals submitted in the grant competitions shows the need for increased CBJTG funding, and Congress should provide \$250 million in FY2010. The program is currently funded at \$125 million.

### ***Support Title VII of the Public Health Service Act (Stimulus + Reauthorization)***

The economic stimulus legislation contains \$200 million to address health professions workforce shortages outside of the National Health Service Corps program. These efforts are directed toward the HHS Secretary, who is required to submit an operating plan to Congress within 90 days of enactment of the legislation, detailing how funds are to be spent.

These stimulus funds may be used to provide scholarships, loan repayments, and grants to training programs for equipment. The stimulus statute and accompanying explanatory report are vague as to the exact amount of funding to be targeted to Title VIII nurse training programs as opposed to Title VII programs that support other health professions like laboratory medicine. HRSA should develop an emergency grant application that could be available for both laboratory professional students in need and clinical laboratory training programs that are in danger of closure.

A reauthorized Title VII program can help stabilize the closure of clinical education and training programs and help attract new students to careers in laboratory medicine. For example, the allied health and other disciplines program has provided grants for several institutions to develop innovative programs, including those serving clinical laboratory professionals, that serve not just patients in states where these programs are located but also patients in other states as well. The University of Nebraska, for example, was a recipient of several of these grants. According to data from the Health Research and Services Administration, Nebraska has more than 128 laboratory professionals per 100,000 residents—almost twice the number of Wyoming (which has no accredited training programs) and one of the highest concentrations of laboratory personnel per capita in the United States. Unfortunately, due to cuts in funding for the allied health and other disciplines grants program, funding for the University of Nebraska program and others supporting clinical laboratory science has been eliminated.

Given that laboratory and other allied health jobs have been ranked among the best jobs by the *Jobs Rated Almanac*, we believe that establishing programs to promote interest in these careers and stabilize the academic programs that train them will help address personnel shortages. This will improve our ability to meet the health care needs of our nation's patient population while simultaneously providing rewarding career opportunities. We urge your support of allied health education to make these shared goals a reality.