



THE RESOURCE FOR LABORATORY PROFESSIONALS

Rationale for an Allied Health Reinvestment Act

The well-being of the U.S. population depends on having access to high quality health care, which requires the presence of an adequate supply of competently-trained allied health professionals. We urge your sponsorship of an Allied Health Reinvestment Act (AHRA) as a way to provide desperately needed funding for education and training for allied health professionals, most importantly for clinical laboratory professionals. Additionally, we urge your sponsorship of HR 623, the Medical Laboratory Personnel Shortage Act of 2003.

Why do we need AHRA?

Many allied health professions, including the clinical laboratory profession, are characterized by existing workforce shortages, declining enrollments in academic institutions, or a combination of both factors. Hospital officials have reported a vacancy rate of 10 percent among laboratory technologists, plus they indicated more difficulty in recruiting these same professionals than two years prior.¹

The Bureau of Labor Statistics (BLS) projects that in the period 2000-2010, a total of 120,000 positions in clinical laboratory science will be needed in the form of creating 80,000 new jobs and filling 40,000 existing vacancies. Of the 12,000 openings per year, academic institutions are producing only 4,200 graduates annually.

The American Hospital Association has identified declining enrollment in health education programs as a factor leading to critical shortages of health care professionals. That assessment is buttressed by data acquired as recently as November 2002 from 90 institutions belonging to the Association of Schools of Allied Health Professions. Many allied health professions including clinical laboratory science and cytotechnology, have been unable to reach enrollment capacity over a three-year period.

Given the level of anxiety over the possibility of terrorist attacks occurring in this country, in a study released by the General Accounting Office (GAO) on April 8, 2003

¹ American Hospital Association Trendwatch Chartbook. Trends Affecting Hospitals and Health Systems. June 2001 and November 2002.

that focused on the nation's adequacy of preparedness against bioterrorism, it was reported that shortages in clinical laboratory personnel exist in state and local public health departments, laboratories, and hospitals. Moreover, these shortages are a major concern that is difficult to remedy.²

Laboratories play a critical role in the detection and diagnosis of illnesses resulting from exposure to either biological or chemical agents. No therapy or prophylaxis can be initiated without laboratory identification and confirmation of the agent in question. Laboratories need to have adequate capacity and necessary staff to test clinical and environmental samples in order to identify an agent promptly so that proper treatment can be started and infectious diseases prevented from spreading.

The baby-boom generation's movement into middle age, a period when the incidence of heart attack and stroke increases, will produce a higher demand for health care services. Along with the aging of the population comes an increase in the number of Americans living with one, *and often more than one*, chronic condition.³ Two-thirds of Medicare spending is for beneficiaries with five or more chronic conditions.⁴ Because laboratory test results are used for up to 70 percent of all medical decision making, an aging and chronically ill population can only increase the demand for such vital testing.

To meet the growing demands for safe, high quality health care now and in the future, and to ensure an adequate and well-trained allied health professions workforce, including clinical laboratory professionals, we urge your sponsorship of HR 623, the Medical Laboratory Personnel Shortage Act of 2003, and an Allied Health Professions Reinvestment Act (AHRA). If you have additional questions please feel free to contact Don Lavanty from ASCLS at 301-657-2768 or Kathy Ayres from CLMA at 610-995-2640.

² U.S. General Accounting Office. Bioterrorism: Adequacy of Preparedness Varies Across State and Local Jurisdictions. GAO-03-373, April 7, 2003

³ Partnerships for Solutions, Johns Hopkins University. Chronic Conditions: Making the Case for Ongoing Care. Baltimore, MD: Prepared for The Robert Wood Johnson Foundation. December 2002.

⁴ Medicare Standard Analytic File, 1999.