

August 12, 2024

Richard L. Revesz, JD, MS
Administrator
Office on Information and Regulatory Affairs
Office of Management and Budget
725 Seventeenth ST NW
Washington, DC 20503

RE: Standard Occupation Classification (SOC)—Updates for 2028 (BLS-2024-0001)

Mr. Revesz,

The American Society for Clinical Laboratory Science, on behalf of its members and other stakeholders drawn from a broad representation of the clinical laboratory community, is writing to request that the Standard Occupation Classification Policy Committee (SOCPC) make the following changes to the Standard Occupational Classification in 2028, clarifying how medical laboratory professionals should be accurately coded.

Our recommendations are consistent with the intent of the SOC, which is “designed to reflect the current occupational composition of the United States...” Updating these titles is necessary to bring about accurate, recognized and unified nomenclature, which is critical to improving the professional visibility and recruitment efforts of these essential healthcare professionals, while improving data collection for these occupations.

Request for Change - (See SOC Code 29-2000)

We request that the Standard Occupational Classification (SOC) broad occupation code 29-2000 for “Clinical Laboratory Technologists and Technicians” be changed to “Medical Laboratory Professionals”.

In addition, we are requesting that the detailed occupational codes 29-2011 “Clinical Laboratory Technologists” and 29-2012 “Clinical Laboratory Technicians” be retitled to “Medical Laboratory Scientists” and “Medical Laboratory Technicians,” respectively. The current SOC manual use of the terms “Clinical Laboratory Technologists” and “Clinical Laboratory Technicians” are no longer the terms most used to identify these professionals. These terms are out-of-date and cause confusion among these professionals themselves, as well as others that include employers and students who may be interested in the field.

The lack of unified professional nomenclature has complicated the collection of statistical information. Recent interactions with staff at the Bureau of Labor Statistics confirmed that individuals surveyed about laboratory professional employment may not be familiar with the different kinds and levels laboratory professionals.

The profession, recognizing these challenges, worked collectively to come to agreement on a standard nomenclature codified in a position paper adopted by the ASCLS House of Delegates on July 2, 2020: “Standardizing the Professional Title of Medical Laboratory Professionals.” <https://ascls.org/standardizing-the-professional-title-of-medical-laboratory-professionals/>

Under the auspices of the American Society for Clinical Pathology (ASCP) Board of Certification, every other major organization representing laboratory professionals signed on to supporting the position: Association for the Advancement of Blood and Biotherapies, American Association of Pathologists’ Assistants; Association of Genetic Technologists; American Medical Technologists (AMT) American Society of Cytopathology; ASCP, American Society for Microbiology; and National Society for Histotechnology.

Both the ASCP Board of Certification and AMT, which certify the vast majority of professionals in clinical laboratory science, have updated their policies to reflect the Medical Laboratory Scientist credential for all the professionals they certify in that category.

In December 2024 updates to CLIA personnel regulations (42CFR§493), the Centers for Medicare and Medicaid Services (CMS) also adopted the term “Medical Laboratory Scientist” to reflect the Bachelors degreed professional’s title.

Laboratory Directors (See SOC code 11-9111)

CLIA personnel regulations (42CFR§493) identifies a number of advanced roles in medical laboratories, which include laboratory directors, clinical consultants, and technical consultants. These professionals are not currently reflected in the SOC. Code 29-2000 fails to account for the educational requirements, technical competency, supervision, planning and oversight functions of these professionals.

Medical laboratory directors, particularly those directing high complexity testing, are required to possess either a medical degree or a doctoral degree per CLIA. While many laboratory directors are board-certified pathologists, the pathologist SOC code (29-1222) does not outline a role for all laboratory directors and consultants. This is because the SOC code for pathologists is not appropriate for non-physician laboratory directors, such as Doctors of Clinical Laboratory Science (DCLS) and Ph.D.board certified scientists.

SOC Code 11-9111 Medical and Health Services Managers may be the most appropriate code for laboratory directors and consultants. We recommend that the definition of SOC Code 11-9111 be modified slightly as follows: “plan, direct, or coordinate medical and health services in hospitals, medical laboratories, clinics, managed care organizations, public health agencies, or similar organizations.” Moreover, we suggest adding “medical laboratory directors” as an illustrative example.

Thank you for this opportunity to provide input on this critical process. ASCLS is committed to working with OMB and BLS to ensure that the SOC Manual nomenclature used to describe this vital workforce is accurate and relevant.

If we can be of assistance on this or any other matter, please contact Jim Flanigan, ASCLS Executive Vice President at jimf@ascls.org or (301) 450-1476.

Sincerely,

A handwritten signature in black ink, appearing to read "Patricia Tille". The signature is written in a cursive style with a large, sweeping initial "P".

Patricia Tille, Ph.D. MLS(ASCP), AHI(AMT), FACSc
President