The American Board of Medical Microbiology (ABMM) examined 70 individuals in June 2017 and certified 33 Diplomates (47% pass rate). Thirty-nine new applications have been submitted for the 2018 examination, 33 were approved and 35 previous applicants are eligible to reexamine.

In the past year, the Board redesigned a survey to solicit ideas from the ABMM Diplomates for content that should be covered on the examination. In the survey cover email, information about how the examination is kept up-to-date was shared and noted that this information is available on the ABMM website. Sixty-seven Diplomates responded and their suggestions are being reviewed by the Board.

A significant activity this past year was the Diplomate salary survey, which was finalized and posted to the ASM website in July 2018. Approximately 196 Diplomates completed the survey. As of May 9, 2018, it has been downloaded 1,015 times.

The Board also determined that a Diplomate seeking recertification may claim a maximum of 10 contact hours in Category I for each chapter of a book, either written as the sole author or as a contributor, with a maximum of 30 contact hours per recertification period.

Dr. Karissa Culbreath is welcomed to the Board as she begins her first term as ABMM Exam Development Subcommittee (EDS) Chair. Drs. Margie Morgan and Melinda Nye agreed to serve a second term on the EDS. Drs. Wade Aldous, J. Kristie Johnson, and Robert Tibbetts agreed to serve on the EDS, and Drs. Sanchita Das and Mark Gonzalez on the Item Development Subcommittee. All terms begin July 1, 2018. Drs. Scott Riddell and Rangaraj Selvarangan are thanked for their years of service to the EDS as they complete their second term on June 30, 2018.

Dr. Eileen Burd was elected the ABMM Board Chair and Dr. Duane Newton was elected Vice-Chair; their term also begins July 1, 2018. I would like to thank all the Diplomates who work to develop the examination for their commitment and service. It has been a privilege and a pleasure to serve alongside so many talented and committed individuals.
The CMMC continues to develop activities and products to inform students of career options in the clinical microbiology field and encourage those who are already engaged in the field to advance in their careers. The CMMC embarked on several initiatives during 2017-2018 to fulfill their mission:

1. **Continued New Tech Professional Development Grant Program**
   The purpose of the program is to provide an opportunity for bench technologists with less than five years of experience to attend ASM’s annual Microbe meeting. Fourteen corporations provided funding (raised $15,500), and 10 technologists were selected from nearly 45 applicants to each receive a $1,500 professional development grant. The recipients were partnered with mentors (CMMC members) prior to and during the meeting to maximize their onsite experience. The ways in which ASM members can volunteer to serve ASM were explained to the 2018 mentees, which included discussions of the volunteer positions currently held by former mentees.

   Statements reflecting the experiences of several 2017 Grant Recipients were posted on ASM’s website.

2. **Developed a listserv for past grant recipients and current CMMC members**
   A listserv was developed to continue communication between past grant recipients and the CMMC. This ASM members-only listserv was also created to foster a community among the mentee classes. Three CMMC members have developed a plan that includes several topics. The first topic, biosafety in the laboratory, has received several questions, responses and ongoing discussions.

3. **Developed a list of ASM resources for bench technologists**
   A PowerPoint listing ASM resources (with links) was created for bench technologists looking to further their career/knowledge in the field. This PowerPoint was then posted to the DivC listserv for its members to share with their colleagues. A flyer version of the PowerPoint was also sent to relevant ASM Branch meetings.

4. **Surveyed past grant recipients to see why they are no longer members of ASM.**
   A survey was developed to ask past grant recipients if they renewed their ASM membership. Of the former recipients, 54% have renewed their memberships. Those that did not renew were asked to provide a reason and the responses were that they planned to renew soon. Recipients were also asked if they have enhanced their career since receiving the grant (i.e. new job, being promoted, volunteering to write procedures, and serving on workplace committees). More than 50% of responders have enhanced their career in some way.

5. **Coordinated one career-related Meet the Expert sessions at Microbe 2018**
   CMMC submitted three proposals for consideration under the POM track, POM2 - Careers and Professional Development, Meet-the-Experts. The topics were Industry, International and Public Health. International was selected, which will include discussion by two clinical microbiologists who chose the international path.

6. **“Track Within a Track” for bench technologists**
   In the past, CMMC’s grant recipients discussed how planning their scheduling for Microbe can be overwhelming. In response to this, the CMMC worked with ASM’s meetings department to create a curated itinerary of Microbe 2018 sessions that will be of interest to bench technologists.

7. **Ongoing activities to enhance exposure to careers in clinical microbiology and offer additional insights into career development for practicing clinical microbiologists**
Two new case studies in clinical microbiology were posted on ASM’s website (’Lady Windermere Syndrome’ and "Nocardia"). Future case studies will appear in a different format, which will include a summary as well as the PPT. This change will allow the information to appear during a Google search.

8. **ASM Careers Article on becoming certified by the American Board of Medical Microbiology (ABMM) via the non-CPEP fellowship route.**
   A common question directed to the CMMC is how one becomes a ABMM Diplomate without completing a CPEP program. The CMMC is working with ASM’s Career Resources Specialist to write articles on how to become ABMM certified without completing a CPEP program. These articles will be created by interviewing three ABMM Diplomates about steps they took to become certified. Karen Frank, M.D., Ph.D., Kristie Johnson, Ph.D., and Amy Mathers, M.D. are in the process of being interviewed.
The Committee on Postgraduate Educational Programs (CPEP) oversees 20 programs—17 in medical and public health laboratory microbiology and three in medical laboratory immunology. The National Institutes of Health, University of Pennsylvania/Children’s Hospital of Philadelphia, University of Utah-Microbiology, University of Utah-Immunology, and Vanderbilt University were reaccredited in the past year. Currently, Rosalind Franklin University is going through the reaccreditation process.

There were three major initiatives undertaken this year. The first initiative was a review of the CPEP Essentials, which began in 2017. Two ad hoc committees of CPEP members and program directors were assembled — Drs. Jane Hata (chair), Gregory Berry, Sarah Buss, and Mark Fisher for Microbiology; and Drs. Sara Nandiwada (chair), Kenneth Beaman, Svetlana Dambaeva, Lisa Peterson, and Eric Weimer for Immunology — to conduct the reviews. The revisions were approved unanimously in May 2018.

The second initiative was an ad hoc committee formed to research ways to enhance public health training for Fellows, led by Drs. Sarah Buss and William Glover. The committee formulated a recommendations document to distribute to program directors and public health laboratories that currently host CPEP Fellows. CPEP will review the recommendations and provide feedback before the upcoming 2018 Microbe meeting.

The third initiative was an ad hoc committee formed to develop management resources, led by Drs. William Glover and Amanda Harrington. They have developed a survey for recent CPEP graduates to identify areas for improvement regarding exposure and training to management concepts as described in the CPEP Essentials. The survey will be disseminated in summer 2018.

The CPEP webpage was also updated in 2017 to include an FAQ section and a table of important dates and deadlines for each program’s application timeline.

The fellowship application process and fee were also revised in 2018. The programs now receive applications throughout the year and can choose to review them anytime or when their normal application cycle opens. CPEP fellowship applicants now pay a one-time $100 fee that allows them to apply to multiple programs within that calendar year with a single application.

CPEP welcomed Dr. Joan-Miquel Balada-Llasat to the committee in 2017. We thank Dr. Mark Fisher for his service to CPEP as he concludes his term on June 30, 2018. We welcome Dr. Natalie Williams-Bouyer as the Program Director representative on CPEP; her term will commence July 1, 2018. Drs. Amanda Harrington and Sara Nandiwada will begin a second term starting July 1, 2018.

Thank you to the committee members and program directors for training the next generation of laboratory directors.
COMS CPHM Advocacy Working Group
Annual Report 2017-2018


The COMS CPHM Advocacy Working Group was formed at the 2017 ASM Microbe meeting since advocacy for the science and profession was identified as an immediate need for the community. The group’s goal is to position ASM as the leader in advocacy for the clinical microbiology lab.

The group evaluated the current CPHM committees—Committee on Laboratory Practices (CLP), Professional Affairs Committee (PAC) and the Professional Practice Committee (PPC)—to understand the current activities of each entity and then identified the gaps and hurdles. Communication, staff resources, understanding of committee functions, and evidence for laboratory value were the gaps. The hurdles were defining communication channels, clarifying committees’ missions, obtaining adequate staff resources, and having resources to highlight existing data or generate needed data to support laboratory value.

There was some overlap between the committees and their duties. The decision was made to define and restructure the three committees to eliminate the overlap and clarify responsibilities. A few members, Drs. Marlowe, Miller, Jerris, Revell, and Thomson, and staff drafted a committee restructuring proposal. It recommended an umbrella governance entity that would oversee the activities of all three committees. The proposal is:

- Rename the PPC to the Clinical and Public Health Microbiology Committee (CPHMC).
- Its mission is to promote and advance the practice of CPHM.
- The activities of the PPC committees and the two PSAC committees will fall under proposed the CPHMC. Therefore, the two PSAC committees would move.
- It makes “clinical” visible in the governance structure to members and external organizations.
- CPHMC will be the clearing house for all CPHM issues and triage to appropriate committees.
- Not one committee for advocacy; it is cross-cutting. Needs to be incorporated into all activities.
- CPHMC Chair sits ex officio on the PSAC to facilitate communication and advocacy efforts. PSAC is welcome to have a liaison on the CPHMC.
- Chairs of all committees (ABMM, CPEP, Professional Development, Evidence-based reviews, Mentoring, Lab Practices, and Professional Affairs) will serve on the CPHMC, as well as its Chair and up to three At-Large members.
- Rename CLP to Clinical and Scientific Practices
- Rename PAC to Coding and Reimbursement
- Rename PPC to Professional Affairs
- CPHMC’s activities are integrated with broader advocacy activities at ASM.

Since the working group’s focus was on improving CPHM advocacy, the proposal was shared at the PSAC Strategic Advocacy Retreat so it could be included in the overall ASM advocacy strategy. There was no opposition to the proposal by the retreat participants.

As the proposal evolved, it was apparent that it extended beyond advocacy to communication, visibility, effectiveness and efficiencies. It has evolved to a reorganization request. The request will be presented to the ASM Board of Directors at their June 7, 2018 meeting.
The COMS CPHM Communications/Outreach Working Group’s goal is to enhance ASM’s CPHM communication and outreach initiatives. Members serving are Marc Couturier (co-chair), Michael Schmidt (co-chair), Esther Babady, Rich Davis, Nicole Jackson, Peggy McNult, Marie-Claire Rowlinson, and Tyler Radke.

The working group’s first activity to meet its goal was to enhance basic communication so members are up-to-date on ASM’s activities, services and advocacy. The group agreed that it was important to share the information on multiple channels—website, email and social media—since members have different preferences for how to receive and consume the content. Initial efforts focused on asm.org which is undergoing a redesign and will be launched June 2018. All agreed that an interim solution was to refresh the Clin Micro Portal (http://clinmicro.asm.org) since it was in place and a provided a way to quickly respond to the existing need. The refresh included renaming the portal landing pages’ headers, decluttering, and a cosmetic redesign. All of these updates were consistent with the redesign plan for asm.org. This will ensure members will not have to relearn where to find the content when it is moved to asm.org and the portal is phased out.

To further raise visibility of the ASM CPHM web content, the group suggested creating a clinical microbiology hashtag. #ASMClinMicro allows ASM to share relevant content on Twitter with the clinical microbiology community, as well as enabling the community to share content with each other. Between April 29, 2018 and May 10, 2018, there were 400 posts to the hashtag from 216 users which resulted in 243,480 unique users seeing the posts. The top post—pasted below—during this period had 84 likes, 50 retweets, and three comments:

![Image of a cell with parasites](image)

The working group was also involved in the revamping of the bimonthly PSAB Clinical Microbiology Issues Update newsletter. The scope of the newsletter was broadened to include all relevant CPHM content. It was renamed to the CPHM Newsletter and is now issued biweekly. This biweekly update will provide timely ASM updates. As noted below, there has been an increase in the open rate and click throughs.
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COMS CPHM Workforce/Training-Retraining/Mentoring Working Group
Annual Report 2017-2018

Working Group Members: Jennifer Kyle (Co-Chair), David Craft, Diane Dryja, Shilpa Gadwal, Susan Harrington, Nicole Jackson, Peggy McNult, Susan Novak-Weekley (Co-Chair), Richard Pfeltz, and Frank Scarano.

The COMS CPHM Workforce/Training-Retraining/Mentoring Working Group was formed since these areas were identified as immediate needs of the community. The group’s goals are to increase the workforce, identify/develop training/retraining resources and actively mentor.

This past year, the group reviewed ASM’s current programs in these areas and offered suggestions for how to highlight them. They recommended ASM promote the profession to high school students, college freshman and undergraduate advisors. In addition, the branches that have student chapters should be encouraged to have clinical microbiologists give a presentation about the profession.

The group also identified competency assessments as a challenge. Competency assessments affect all laboratory staff and involve examinations as well as a re-evaluation when there are changes to the process. ASM has available resources for training and competency. The group recommended raising the visibility of the content by sending emails to student chapters and universities, postings to listservs, articles in newsletters, and social media.

There is currently a 19% vacancy rate in the clinical microbiology laboratory. Drs. Susan Sharp and Susan Harrington and Ms. Peggy McNult started researching how to mitigate the workforce shortage in 2017. They proposed developing a certificate program by partnering with an online MLS program to provide the necessary coursework and leverage members’ laboratories to offer the required laboratory training so students would be eligible to take the ASCP Microbiology categorical exam. The proposal focuses on those who have a bachelor’s degree in microbiology or biology and four online programs were interviewed. The recommendation is to partner with George Washington University since they already have a similar program and it was reasonably priced. The certificate program is composed of nine credit hours (courses include: microbiology 1, microbiology 2, and lab management) that are completed online in one semester. Students would then complete a minimum of four weeks of laboratory training in an ASM members’ CLIA-accredited laboratory. Upon completion of their training, students would be eligible to sit for the ASCP examination.

This proposal was shared and supported by the working group and folded into the monthly discussions. The working group reviewed two surveys that were drafted to quantify student interest and labs’ willingness to train students. A summary of the surveys’ responses follow:

Student Survey: Top Takeaways

- 472 respondents
  - At least 45 states represented
  - Top known states represented: CO, NC, OR

- 31% of respondents (n=145) have already completed their bachelor’s degree, with Microbiology (n=60) and Biology (n=46) being the most common degrees
  - 90% completed a microbiology course, and 87% completed a microbiology laboratory course
• Of those who do not yet have their degree (n=327), most will be graduating in 2019 (n=125) with a degree in Microbiology (n=207)
  o Nearly 100% will complete microbiology course and a microbiology laboratory course as part of their degree
• About 55% (n=192) of the respondents will NOT be pursuing a career in clin micro or medical lab science
  o Reasons include:
    ▪ Pursuing another career (n=138)
    ▪ Pursuing an advanced degree (n=101)
    ▪ Learned about it too late (n=41)
    ▪ Other (n=26)
    ▪ Unable to acquire training site (n=19)
• 86% of ALL respondents (n=394), including those who said they will not be pursuing a career in this field, would consider applying to this program
• Of those who would NOT consider applying (n=69), they cited “pursuing another career” as the main reason why

Lab Workforce Survey: Top Takeaways
• 119 respondents
  o At least 37 states were represented in the survey
  o Top known states represented: PA, MD, TX
• 72% of respondents (n=86) currently provide accredited MLS/MT/CLS bench training to students
• Of those 86 people whose labs already train students, the most common number of trainees is 2 students per year, followed by 10 per year, and 4 per year.
  o The maximum students trained per year was 75 students (reported by one lab), and the minimum students trained was 1 (reported by four labs)
• Approximately half (48%, n=35) of the labs who already train students would be willing to take on additional trainees
• 41% (n=9) of the labs who do not already train students would be willing to become a training site.
• Of those labs who WOULD be willing to take on new or additional trainees, a majority (89%, n=39) said they could accommodate between 1 and 10 trainees
  o Three labs indicated they would only be able to take the lower end of 1-10 trainees, i.e. only 1 trainee, or 1-3 trainees. One lab indicated they could take between 11-20.
• A “lack of staff support” was the most commonly cited reason for not being willing to take on new or additional trainees (n=39)
  o Other reasons included:
    ▪ Lack of infrastructure (n=23)
    ▪ Administration would not support (n=9)
    ▪ Sending out certain tests that are a curriculum requirement (n=7)
    ▪ Other (n=12)

General comments about the proposal:
• Great idea (n=33)
• I like the idea, but I can’t participate (n=10)
• Good idea, but I have hesitations or suggestions to improve it before implementation (n=8)
• I don’t like this idea (n=5)
• Other (n=3)

The next steps for the certificate program proposal will be discussed at the 2018 Professional Practice Committee and COMS meeting.
Evidence-based Laboratory Medicine Practice Guidelines (EBLMPG) Committee
Annual Report 2017-2018
Submitted by Alice S. Weissfeld, Ph.D., D(ABMM), F(AAM) Chair

The third ASM-CDC guideline on *C. difficile* has been drafted and it will be submitted to *Clinical Microbiology Reviews* in July 2018. The guideline evaluates the evidence to answer the following four questions:

1. Which of the following diagnostic tests/algorithms have the highest diagnostic accuracy for diagnosing *C. difficile*?
2. What is the increased diagnostic yield of repeat testing of EIA or of NAAT?
3. What is the association of toxigenic culture and cytotoxin assay results with clinical outcome such as clinical mortality, length of stay, antibiotic use, time for result reporting?
4. What is the association of a PCR-positive and cytotoxin-/EIA-negative result with clinical outcome such as mortality, length of stay, antibiotic use, time for result reporting?

The guideline will also include a section on the financial implications of the recommendations; it will be written by a CDC Healthcare Economist.

Drs. Jim Snyder and Colleen Kraft, the guideline leaders, reviewed more than 6,000 publications and approximately 250 were identified as meeting the guideline’s inclusion criteria.

The analysis of the *C. difficile* current practice survey was completed and a second survey to evaluate if the guideline has affected practice has been submitted for OMB clearance. The second survey will be disseminated by the end of the year. The responses will be compared to the first survey to gauge the impact of the guideline. The lessons learned from the surveys will help the committee to identify what is/is not working and provides the opportunity to hone practices to ensure the members know about the guidelines and ideally, adopt them.

Drs. Donna Wolk and J. Kristie Johnson are leading a team of volunteers to conduct an update of the 2016 Bloodstream Infections guideline since there is now evidence to alter the guideline’s recommendations. It is anticipated data abstraction will begin this summer and completed by the end of the year.

Drs. Robert Sautter and Vickie Baselski are working to update a blood culture contamination evidence review that was developed by CDC and Battelle, a CDC contractor. They are currently reviewing the titles that met the search terms and hope to start data abstraction this summer.

ASM is in year five of a CDC cooperative agreement. The purpose of the agreement is to develop mechanisms to provide lasting and sustainable institutional knowledge with qualitative methods using free or relatively inexpensive approaches. The intent is that ASM will create a permanent organizational culture change from creation and revision of laboratory practice guidelines based upon relatively little data concerning uptake to a standard expectation by staff and volunteers that laboratory practice guidelines should be created based on best available evidence and revised based on measureable data (from metrics) that are shared with the
organization’s guideline authors. ASM will request a one-year extension so it can use the C. difficile surveys as the basis for what was learned.

The four new members—Esther Babady, Gerald Capraro, Brian Monchon, and Irv Nachamkin—who joined the committee in July 2017 have all been assigned to a guideline team. Training new members has been a committee priority and is imperative to the committee’s longevity.
The Professional Development Committee (PDC) organized a record number of four webinar series in 2017:

- ASM-CLSI Webinar Series on Antimicrobial Susceptibility Testing: Part 3 - Advanced Susceptibility Testing and Emerging Technologies
- Molecular Diagnostics: Applications for the Diagnosis of Infectious Diseases

All of the series provided either a pre- or post-learning activity to emphasize the learning objectives. These activities provided a rich educational experience and differentiated ASM’s offerings from other organizations. All series are currently available on-demand at ASM Events Online.

ASM partnered with the Clinical Laboratory Standards Institute (CLSI) to offer the three webinar series on Antimicrobial Susceptibility Testing (AST). This partnership allowed ASM to reach new markets and increase visibility. Part one began January 2017, while parts two and three began March 2017 and October 2017, respectively. These webinar series reached record high sales:

<table>
<thead>
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<th>AST Webinar Series</th>
<th>Number of Webinars</th>
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<td>Part 1 (Beginner Series)</td>
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<td>Part 2 (Intermediate Series)</td>
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<td>Part 3 (Advanced Series)</td>
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“Molecular Diagnostics: Applications for the Diagnosis of Infectious Diseases” was an intermediate-level series that began in June 2017. Throughout the series, case examples were used to highlight important advantages and limitations that should be considered prior to routine implementation of molecular methods. For a subset of the presentations, ASM partnered with the Infectious Diseases Society of America (IDSA) to provide the perspective of both the clinical laboratorian and the Infectious Diseases provider on the use and interpretation of molecular tests. This series sold 753 webinars.

Within the aforementioned four webinar series, the PDC began a pilot of offering institutional sales. The offer includes access and continuing education credits for 10 institutional users for $259 per webinar. Several institutional sales were made and the committee hopes interest grows as awareness of this option increases.

In April 2018, the PDC also partnered with Association of Public Health Laboratories and Centers for Disease Control for the second Antibiotic Resistance Laboratory Network webinar, “Clinical and Public Health Laboratory Partnership to Stop the Spread of CRE and Drug-Resistant Candida”. This was a free webinar that offered one continuing education credit. The webinar is currently available on-demand on
ASM Events Online. As of May 10, 2018, there have been 473 registrations for the live and/or archived webinar.

The PDC has secured funding from Becton Dickinson for a webinar series on Total Laboratory Automation (TLA). This five-part webinar series aims to provide a comprehensive overview of the available systems, give an introduction to developing a business case for adoption of total laboratory automation, address regulatory considerations, review the impact of implementation including changes in workflow and culture workup, describe innovations in automated imaging, and provide insight through shared experiences of early system adopters. This intermediate-level series is scheduled to begin in August 2018, and an invitation letter has been sent to potential speakers.

Below are the specific topics that will be covered in the TLA webinar series:

- Microbiology Total Laboratory Automation: Introduction and Overview of Systems
- Microbiology Total Laboratory Automation: Developing a Business Case
- Microbiology Total Laboratory Automation: Regulatory Considerations including Verification/Validation, Quality Control and Quality Assurance
- Microbiology Total Laboratory Automation: Automated Imaging for Organism Identification and Quantification and Future Applications
- Microbiology Total Laboratory Automation: Experiences of Early Adopters including Implementation, Workflow and Problem Solving

The PDC is also working on a webinar series on Antimicrobial Stewardship, to potentially begin in the fall. The purpose of the course is to provide practical approaches to developing and maximizing the impact of an antimicrobial stewardship program (ASP) from the perspectives of key stakeholders, including clinical microbiologists, infectious disease physicians and infectious disease pharmacists. Topics to be presented may include introductions to core concepts relevant to ASPs and expert advice on many aspects of ASP creation, such as antibiogram utilization. The Society for Infectious Diseases Pharmacists (SIDP) has agreed to help identify speakers for the webinars. The PDC is also in talks with IDSA to potentially identify speakers.

Committee members: Robert Bowden, Jennifer Dien Bard, Ph.D., D(ABMM), Shoolah Escott, M.S., MT(ASCP), Erin Graf, Ph.D., D(ABMM), Cindy McCloskey, M.D., Audrey Schuetz, M.D., M.P.H., D(ABMM), Allison Tsan, and Megan Waller. Mr. Bowden and Ms. Escott will be rotating off in June. The PDC thanks them for their service to the committee.
This committee is concerned with issues that involve the science and technology of microbiology laboratory practice that are directly or indirectly controlled by the government, an agency of the government, or an accrediting or standard-setting private agency. Activities of the committee include the review and comment on proposed legislation, rules, guidelines and standards, as well as the development of liaison relationships with agencies in order to track, monitor, influence or communicate their activities to other microbiologists, organizations or the government. The chair will serve as the liaison to the Committee on Professional Affairs, or the committee will appoint an individual to serve as this liaison. The ASM representative to the Clinical Laboratory Standards Institute (CLSI) is the chair or other appointed member of the committee who is responsible for a formal review of CLSI documents pertaining to microbiology.

CLP Members

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<tr>
<th>Member</th>
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<tr>
<td>Paula Revell, Chair</td>
<td>General Microbiology, Molecular Diagnostics, Antimicrobial Resistance</td>
<td>CLSI AST</td>
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<td>PSAC workshop on ASM advocacy</td>
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<tr>
<td>Eileen Burd</td>
<td>bacterial identification, susceptibility testing, molecular testing</td>
<td>Duodenoscope surveillance and culturing protocols</td>
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<td>Susan Butler-Wu</td>
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<td>Committee to Define Clinical Utility</td>
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<td>Sheldon Campbell</td>
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<td>Marc Couturier</td>
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<td>Chris Doern</td>
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<td>Laura Filkins</td>
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<td>CPEP Fellow</td>
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Select List of Activities by the Committee on Laboratory Practices 2017-2018

**ASM Joined AMP in Palmetto Letters on Multiplex Test Coverage**
ASM joined the AMP, APHL, PASCV, and others in two letters on the Palmetto Draft Local Coverage Determinations on Multiplex Nucleic Acid Amplified Tests for Respiratory and Gastrointestinal Panels. Palmetto is a CMS contractor in the southeastern US and affects payments for clinical laboratory tests in that area.

**ASM Participates in May CDC Clinical Laboratory Partners Work Group Meeting**
ASM has continued to participate in the Centers for Disease Control and Prevention (CDC) Division of Laboratory Systems (DLS) Clinical Laboratory Partners Work Group, most recently in Chicago, IL on May 2. This was the third in a series of face to face meetings with DLS, other clinical laboratory organizations and public health laboratories to facilitate seamless collaboration between CDC, state and public health laboratories and
clinical laboratories, particularly in infectious disease emergencies. ASM is represented in this work group by Laboratory Practices Subcommittee member Stephen Mahlen.

**ASM Responds to CMS RFI on Laboratory Personnel**
ASM drafted comments to the Centers for Medicare & Medicaid Services on CLIA personnel requirements and appropriate sanctions in situations where they determine that a laboratory has referred its proficiency testing samples to another laboratory.

**ASM Provides Help for Cyclospora Lab Identification**
Marc Couturier and Laura Filkins, members of the Committee on Laboratory Practices, authored a document entitled “Cyclospora Detection and Reporting from Clinical Samples” to assist our members in identifying a parasite which has been on the rise in intestinal illnesses.

**ASM Provides Tools for the Identification of Bacillus cereus biovar anthracis**
ASM provided members with a way to identify *Bacillus cereus* biovar *anthracis* in response to the Centers for Disease Control and Prevention (CDC) in the Department of Health and Human Services (HSS) adding this organism as a Tier 1 select agent to the HSS list of select agents and toxins. The primary author for this document was Ryan Relich.

**ASM Addresses Palmetto Lab Testing Reimbursement**
ASM joined other societies with expertise in diagnostic testing in a letter addressing the Palmetto Draft Local Coverage Determination of Panels Identified by Multiplex Nucleic Acid Amplification Tests (NAATs). Palmetto is a contractor in the Southeast US for the Centers of Medicare and Medicaid Services.

**ASM White Paper: Clinical Utility of Multiplex Tests for Respiratory and Gastrointestinal Pathogens**
Christopher Doern and Duane Newton, members of the PSAC, Laboratory Practices Subcommittee authored the white paper “Clinical Utility of Multiplex Tests for Respiratory and Gastrointestinal Pathogens.”

**ASM Joins FDA, CDC, Industry and International Stakeholders in Duodenoscope Protocol**
After over 2 years of work, on February 26, 2018, the FDA released a 57 page document that provides guidance and validated protocols for sampling and culturing of duodenoscopes. The document is entitled “Duodenoscope Surveillance Sampling and Culturing Protocols.” This document was developed by a working group with representatives from the FDA, CDC, and ASM along with input from the duodenoscope manufacturers and gastroenterology experts. The ASM members who were involved in this project were Kevin Alby, *Eileen Burd*, Phyllis Della-Latta, *Romney Humphries*, Nancy Miller, Trish Simner, and Punam Verma. This was a challenging project on many levels, especially for those involved in the many months of literature reviews. The team members are to be commended for their expertise and endurance.
PSAC Subcommittee on Professional Affairs

Chair, Robert Jerris, Ph.D., D(ABMM), Children’s Healthcare of Atlanta and Emory University

This committee reviews problem areas and identifies deficiencies in qualification and classification standards for microbiologists in the federal, state, and private sectors. In this regard, the committee cooperates very closely with the certifying boards in matters which relate to public policy. The committee reviews legislative and regulatory proposals which impact on the qualifications of microbiologists and formulates responses to the appropriate agencies. The committee assists representatives of the ASM branches and regional independent microbiology societies with information concerning state legislative and regulatory developments which may adversely affect microbiologists. The committee cooperates with similar groups of other professional or scientific organizations in achieving these goals, and channels its documents through the PSAB to ASM or AAM as required.
Subcommittee on Professional Affairs

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<td>Coordinating Council on the Clinical Laboratory Workforce (CCCLW), U.S. Pharmacopeia (USP)</td>
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<td>Donna Wolk*</td>
<td>Workforce; Molecular Diagnostics</td>
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Select List of Activities by the Professional Affairs Subcommittee 2017-2018

**ASM Responds to CMS RFI on Laboratory Personnel**
ASM drafted comments to the Centers for Medicare & Medicaid Services on Clinical Laboratory Improvement Amendments of 1988 (CLIA) personnel requirements and appropriate sanctions in situations where they determine that a laboratory has referred its proficiency testing samples to another laboratory. [https://www.asm.org/index.php/statements-and-testimony/item/7153-asm-responds-to-cms-rfi-on-laboratory-personnel](https://www.asm.org/index.php/statements-and-testimony/item/7153-asm-responds-to-cms-rfi-on-laboratory-personnel)

**Coalition Letter to CMS Administrator Verma on PAMA**
ASM joined members of the Clinical Laboratory Coalition in a letter to CMS Administrator Seema Verma asking for input on the data to be used on proposed Clinical Laboratory Fee Schedule (CLFS) rates. [https://www.asm.org/index.php/statements-and-testimony/item/6868-cms-pama](https://www.asm.org/index.php/statements-and-testimony/item/6868-cms-pama)

**ASM Weighs In on Clinical Laboratory Test Prices**
ASM submitted comments to CMS on payment for new codes which will be included in the 2018 Medicare Clinical Laboratory Fee Schedule (CLFS). New codes considered included detection of antibiotic resistance genes and new antibody and PCR tests for Zika. [https://www.asm.org/index.php/statements-and-testimony/item/6754-clfees-2018](https://www.asm.org/index.php/statements-and-testimony/item/6754-clfees-2018)