

# Montana Laboratory News

Fall 2021

Editor Cara Bushmaker



**ASCLS**  
The American Society for  
Clinical Laboratory Science  
**MONTANA**

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## Urgent Legislative Issues!

-Cara Bushmaker

On the piggy back from work done during the 2021 Legislative Symposium, where our state Senators were briefed and provided with this info, we now need all of you!

We need everyone getting their message to our representatives. The most pressing issue currently, surrounds cuts to the Laboratory fee schedule as a direct result of PAMA. The next round of cuts are scheduled for January 1st. Please follow [this link](#) and go to the national website to write a brief personal story of how these cuts negatively impact your laboratory and community. Many facilities may no longer be able to provide the services that they do currently. Our Montana patients are all living in rural areas. Our access to healthcare is already hindered in Montana. We cannot allow additional cuts to further segregate our patients from the Laboratory testing they need so dearly.

In addition to PAMA cuts, we are collecting personal accounts of your stories throughout this past 2 years providing Laboratory care and specifically providing that care in rural Montana. We want to hear about your supply chain hardships, COVID testing delays or lack of testing, staff shortages, training hardships, patient experiences, etc. We are the only voice available to advocate for our patient's laboratory testing. Please contact us to share your story via the [state website](#) or through [Facebook](#). It takes 5 minutes and your story will go together in a packet of letters from your peers as well as an official letter from ASCLS-MT and the "leave behinds" given at Legislative Symposium to each of our representatives. A huge thank you to all of you have done this already. We have a great start!

What are "leave behinds" you ask? We were given two documents to leave with our state Senators after our visits during Legislative Symposium. Two major Laboratory topics were evaluated with the BOD and our lobbyist Patrick Cooney which led to these formal documents. They provide the details of our formal requests or "asks". Our "asks" outline the specific stance or action we would like our representatives to take. The two topics proposed this year are workforce shortage and PAMA cuts to reimbursement. Be sure to look at each and share with your staff and local representatives. As many voices moving in one direction will help immensely.





## Clinical Laboratory Workforce

### Position

To ensure access to quality health care services the healthcare system must have an adequate supply of clinical laboratory technologists and technicians. Today the supply is already seriously short of what is needed and estimated to become critical as the U.S. population continues to age. This shortage hampers the ability of clinical laboratories to meet the growing need for appropriate testing, impeding the ability of clinicians to diagnose and treat patients. An ever-increasing patient population and the number and complexity of medical laboratory tests are putting strains on a profession. The coronavirus (COVID-19) pandemic has served to heighten these concerns due to the workload increases which have led to burnout of some laboratory personnel.

We call upon Congress to:

- **Enact the BIO Preparedness Workforce Act of 2021 (H.R.5602), introduced by Rep. Trahan (D-MA), on October 15, 2021. This bill makes clinical laboratory technologists and technicians eligible for student loan repayment in exchange for at least 3 years of service in an underserved area in the areas of bio preparedness and infectious disease.**
- **Establish a federal grant program to assist schools of allied health in recruiting and retaining clinical laboratory students to improve the availability of these professionals throughout the U.S. Such grants will also be able to assist programs to recruit necessary faculty and provide clinical training necessary to enter the profession.**

### Background

The Bureau of Labor Statistics (BLS) within the U.S. Department of Labor estimates that the current clinical laboratory workforce made up of technologists and technician is 335,500. The estimated demand for these professionals will grow by 11 percent between 2020 and 2030.

The National Health Service Corp (NHSC) program exists today to place physicians, advanced practice nurses, mental health providers, and oral health providers in underserved rural and urban communities. These placements have assisted underserved populations to receive necessary care. Clinical laboratory personnel are not eligible for this program today. Rather than amend the NHSC to include laboratory professionals, we urge Congress to authorize a similar program alongside the NHSC, to specifically address the need for laboratory professionals in these underserved communities.

Federal grant programs exist today within schools of nursing and schools of medicine to address recruitment and retention of students in these professions. No such program exists for clinical laboratory professionals.

More than 4 billion medical laboratory tests are performed each year in the United States, the single highest volume medical activity. Laboratory test data influence approximately 70 percent of physicians' patient interactions.

If you have questions regarding this issue brief, please contact the following individuals:

On Behalf of ASCLS  
Patrick Cooney  
(202) 413-2629  
[Patrick@federalgrp.com](mailto:Patrick@federalgrp.com)

On Behalf of AMT  
Michael McCarty  
Office: (202) 243-7842  
Mobile: (703) 727-3776  
[michael@mccarty-legal.com](mailto:michael@mccarty-legal.com)

On Behalf of NSH  
Sharon H. Kneebone, CAE, IOM  
Executive Director  
(443) 535-4062  
[sharon@nsh.org](mailto:sharon@nsh.org)

On Behalf of ASCP  
Matthew Schultz  
(202) 403-1110 x2285  
[Matthew.Schulze@ascp.org](mailto:Matthew.Schulze@ascp.org)

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## Stay in touch virtually!

As members of ASCLS one of your most valuable resources is the [ASCLS Connect Community!](#) Each year you can customize your member community to receive email updates regarding our state society news/updates, any laboratory specialty of interest, and hot topics in the laboratory world. Stay connected to our membership across the US and across our big sky state. The most resources are at our fingertips via the [Connect Community](#), download the app today.

### ASCLS Connect Community and Mobile App

Connect through the Online Community  
at [\*\*connect.ascls.org\*\*](https://connect.ascls.org)

Download a New App to Access the Connect Community on Your Mobile Device

Convenient. The app keeps you logged in, making the entire Connect Community (and all its functions) just an icon away.

Accessible. Look up other members in the directory, send and respond to messages, and monitor community discussions in real time.

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INSTALL

To download the app:

1. Go to the [Google Play store](#) or the [Apple App Store](#) and download the [MemberCentric](#) app.
2. Search for ASCLS when prompted to "Find your organization."

3. Log in using your credentials for your ASCLS member account.



# It's that time of year...Renewal Season!

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Be sure to renew your membership. This organization always has great benefits in CE, promotion of the profession and networking opportunities. Our Legislative efforts are sometimes not prioritized as highly as other benefits. This is a time like no other and our benefits and our voices making a united message are bigger and more important than ever. Renew your membership, join, talk with your coworkers and let's all come together to work towards a stronger Medical Laboratory profession!

## Benefits:

**-Legislative Advocacy:** As new laws and regulations bring momentous changes to clinical laboratory science, your ASCLS membership provides you with liaisons to Members of Congress, Federal and state agencies. Our government affairs team monitors and influences laws and regulations that affect the profession. This dedicated team, coupled with extensive grassroots involvement from the membership, ensures that the concerns of the profession are heard in Congress. To ensure effective advocacy, each year ASCLS also holds a Legislative Symposium. Participants learn the manner in which current issues are being addressed within government and are briefed in lobbying skills. Participants also meet with Members of Congress to discuss the issues important to the profession and to advocate for our best interests.

**-Publications:** ASCLS members are kept informed through two Society publications. Clinical Laboratory Science is an award-winning, quarterly journal featuring articles on the very latest in research, education and government actions affecting the profession. ASCLS Today, our newsletter, is published eight times a year and provides timely updates on association activities in the legislative, educational and membership arenas. These two publications, along with additional mailings targeted to Society leaders, keep our members informed.



**-ASCLS's Career Center:** is part of the National Healthcare Network, giving ASCLS members access to a vast, inter-professionally connected set of career networks in healthcare. Job seekers can browse open positions and post their resume and contact information for employers who are looking to fill open positions. ASCLS members are flagged for higher visibility, giving them a leg up on the competition.

**-Additional Discounts:** ASCLS members can choose from a range of discount services targeted especially for clinical laboratory professionals. Participate in the ASCLS insurance programs and take advantage of group rates on health, professional liability, life, and disability insurance.

ASCLS has partnered with Office Depot to bring our members a national discount program. Save up to 80% off on preferred products. Shop online or in stores. FREE next day delivery on orders over \$50. To shop or print your in-store savings card, [click here](#).





## Clinical Laboratory Medicare Reimbursement

### Position

The clinical laboratory community urges Congress to fix the flawed implementation of Section 216 of the Protecting Access to Medicare Act (PAMA) of 2014. The convergence of continuing rate cuts, mounting labor costs, and the workload caused by the COVID-19 pandemic is devastating the clinical laboratory system in the U.S. Immediate action is needed before the end of the year to forestall additional cuts that will further hamper access to essential clinical laboratory services for beneficiaries.

### Congress Must Take Action

- Congress should freeze any additional PAMA cuts scheduled to take effect on January 1, 2022. No cuts should go into effect until January 1st of the calendar year that begins no sooner than one year after the COVID-19 public health emergency has ended.
- Congress should direct CMS to collect private-payer rates from a proportional sample of the entire laboratory industry, to include representation from all independent laboratories; all hospital laboratories, including rates for unbundled inpatient, outpatient, and non-patient services; and all physician office laboratories.
  - This sample must be representative of the laboratory market and the geographic regions these laboratories serve, and it must take into account different size providers in each market segment—the sample cannot rely on data only from the largest national laboratories. Any laboratory that bills on the CLFS should be eligible for data collection, with the existing exemptions for low volume laboratories retained. Collected data should be extrapolated by CLFS code to ensure that each laboratory test code is accurately represented based on its use in the market.
  - This methodology will guarantee that each type of laboratory is adequately represented and will reduce the number of laboratories required to submit data through a burdensome reporting process. Surveying a representative sample of the laboratory industry will meet Congress' initial intent by producing more accurate estimates of private-payer rates in the laboratory market and reducing the onus of reporting.
  - As smaller and mid-sized laboratories are more likely to struggle under an onerous data reporting process, Congress should consider protections, or incentives, for small to medium-sized laboratories, including guarantees that they will not have to report their data during every reporting period.
  - Private-payer data collected should exclude Medicaid managed care rates that are a result of federal or state budgetary or statutory requirements, which are not reflective of market rates. Laboratories should also be given the option to exclude from reporting paper, manual, and non-electronic claims that collectively constitute no more than 10% of a laboratory's private-payer claims.
  - To stabilize CLFS rates and mitigate the burden of reporting, Congress should increase the length of time between data collection periods from three years to four years.



## Background

PAMA completely overhauled the Medicare Part B clinical laboratory fee schedule (CLFS). The goal of PAMA was to establish a single national fee schedule based on private-payer rates. Under PAMA, clinical laboratories are required to report their private-payer rates on a test-by-test basis along with associated test volumes. CMS collected this data and used it to calculate new Medicare Part B CLFS rates. Unfortunately, CMS' implementation of PAMA resulted in extreme reimbursement rate cuts, deeply harming hospital, physician, and independent laboratories.

When payment data was first collected under PAMA it did not accurately represent the laboratory market as required under statute and as intended by Congress. The largest independent laboratories were overrepresented in the first round of data reporting. Independent laboratories provided 90% of the reported data despite representing only 48% of the utilization of Medicare CLFS tests. According to the June 2021 Medicare Payment Advisory Committee (MedPAC) report on PAMA, private-payer rates for hospital outpatient laboratories and physician office laboratories were 45% and 53% higher, respectively, than private-payer rates for independent laboratories, but only represented 9% of the reported private-payer data. This flawed process failed to accurately capture private-payer rates, resulting in drastic, unanticipated payment cuts that threatened the ability of many laboratories to provide essential services.

PAMA-related cuts have been devastating across the laboratory industry, particularly for laboratories that serve rural and underserved communities. PAMA resulted in three consecutive years of 10% CLFS cuts for most high-volume laboratory tests. In fact, some laboratories experienced reimbursement rate cuts of up to 59% on some of the most common laboratory tests.

While the intention of PAMA was to tie Medicare rates to market rates for laboratory tests, Medicare rates have historically been—and continue to be—the marker used for many insurance companies to set their own laboratory payment rates. So, while the private market could reflect an increase in wages and other costs borne by laboratories, it does not. Therefore, as Medicare rates are cut, private-payer rates follow, creating a downward spiral towards categorically unsustainable reimbursement rates.

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## Empathy fatigue, Compassion fatigue, Burnout....Do any of these hit home? Cara Bushmaker

I've said this many times, but I consider myself lucky during this pandemic. I've dealt with short staffing but made it through with locums. We've had COVID testing for most of the pandemic. Our hospital has not surged thankfully. I have so many things to keep my mental health strong.

On the other hand, I have a community who has largely turned their back on Science. I've had laboratory peers use politics as a reference to refute scientific claims. I've had an uncle die from COVID. My brother has lost one of his best friends. I've worked 50-60 hour weeks. I take phone calls, text messages and work emails 7 days a week 24 hours a day. I'm tired. Part of that revolves around a kindergartner and a toddler :). But, even with their help it's a new level of tired. So it takes most of my energy to get to the grocery store after work or drop my kids off at soccer practice. Then that one person makes a comment about my mask, or protests at a voluntary vaccine clinic, screams about the constitutional rights we're throwing away by masking or vaccinating and any energy I have is tapped. I'm instantly drained and the thought of having to care for these people when they need it most....is hard. So...incredibly...hard BUT. WE. DO. IT.

All of this makes my circle of friends and even family a bit smaller. I feel a strong need to protect myself and family from those types of interactions for fear of losing that last bit of reserve in the tank. So this past year I've poured myself into the things I can do as a result. I've poured myself into ASCLS. This is a place I know that Science is safe, that my peers are fighting the same battles, and help me fill that empty tank. We cannot fight workforce shortage by complaining to each other. We cannot fight for better pay by arguing with our employers. We have to make bigger changes! So this year I wanted to help support our voice and be a Legislative representative. I have no qualifications for this other than a passion for Clinical Laboratory Science and maybe the gift of gab :) So I will share our story with everyone that will listen. I write letters, take meetings, and I ask you to write as well. We need to tell our story about the effects of workforce shortage, supply allocations, and loan repayment for health professionals not just doctors and nurses. We need to support our only state MMLS program. We need to tell our representatives how we're being treated because we are rural. This is the work I welcome, because I have great hope it will make a difference. And when it's all said and done, we'll be able to say we did everything we could and put it to rest. That day can't come soon enough!

I look forward to hearing and sharing your stories.



BLOG from "[Dan the Lab Safety Man](#)"

## PANDEMIC FATIGUE: FEELS LIKE STARTING OVER

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In discussions with laboratory safety professionals across the country this year, some of the same safety issues seemed to crop up over and over. Lab staff are tired, they're fatigued about dealing with COVID-19, and they just don't seem to be focused on lab safety anymore. They aren't following good safety practices, they aren't wearing gloves, lab coats, masks, or even eye protection. Of course this is a problem that needs attention. The hazards faced in the workplace are not limited to coronaviruses, and these unhealthy practices can lead to some very bad outcomes.

Despite the pandemic, this issue with staff is not a new one. Those who have worked in lab settings for years can easily become complacent about safety. They begin to notice over time that there doesn't seem to be a consequence for unsafe behaviors, so the practices continue. It's not a very good argument, but those new to safety ask about it often. What do you say to somebody when you ask them to change a behavior when they tell you they have been doing it their way for years and they are healthy? In order to create a good response, it becomes important to turn the conversation on its side. What they have just explained is a run of unsafe behaviors that could have resulted in illness or worse. It did not, but was that because the actions were safe after all? Could it be that the person has just been lucky- and there will come a time when that luck runs out? Definitely. Make the conversation personal. Explain in detail how an unwanted outcome can affect them and their family. Many people simply do not realize the potential consequences of their actions.

Raising basic safety awareness is always important in order to maintain a strong culture of safety, not just during a pandemic, and there are many ways to do that. Make an assessment of the overall safety culture using surveys or by talking to lab staff and leadership. Review your findings with the staff so that they are clear about why you are tackling the issues. If possible, obtain a commitment from staff to improve the overall safety culture. Find safety champions who will work with you on the on-going project. Be sure safety is being discussed daily and is placed in front of the staff. Use huddles, e-mails and safety boards to promote a positive culture.



MONTANA  
COMMUNICABLE  
DISEASE EPIDEMIOLOGY

Keep up to date on the latest COVID-19 case counts, hospitalizations, and active cases by county. The state laboratory has expanded hours 7 days a week. Watch for updates via email!

**[Montana Response-COVID-19](#)**

## Pandemic Fatigue cont...

Unsafe behaviors in the laboratory can easily have consequences that may affect others in the department. Spills and exposures are just some incidents that may occur. Messy lab areas can create trips or falls, and improper storage of chemicals or hazardous wastes can be dangerous as well. Perhaps laboratory staff don't think enough about the dangerous consequences because there isn't enough training about them. Perhaps they don't think about the potential consequences to others because they haven't been told about the possible physical, environmental, or financial consequences. Maintaining awareness of these issues is always key.

The COVID-19 pandemic has made for a very long year for employees in healthcare, and the struggles are not ending anytime soon. As safety leaders, it is important for us to do what we can to help reinvigorate staff to continue with good safety practices. We must remind them that despite all of the changes in safety guidelines in the past year that the basics – PPE use, using engineering controls and work practice controls- are there to help us get safely through the day so that we can still go home healthy and to be able to enjoy our lives so that we can see the end of these unusual times.

## Meet the Class of 2022!

### **Sarah MadPlume- MMLS Introduction**

1. Where are you from?

Helena, MT

2. Cat, Griz, or Other?

Go! Cats! Go!

3. Where are you doing your internship?

VA Hospital in Helena

4. Why did you decide to study Medical Laboratory Science?

I really enjoy lab work.

5. What are your plans after school?

Work for a while and go to graduate school.

6. What do you hope to gain from ASCLS-MT?

Knowledge and community.

7. What's the best thing about being a student during the pandemic? Worst?

We are learning firsthand how to deal with COVID-19.

School during lockdown was not fun=no lab work :(

### **Gabe Kenton- MMLS Introduction**

1. Where are you from?

I originally grew up in Simi Valley, California. Since that time, I have lived in Pennsylvania, New Mexico, and Texas. I have lived in Billings, MT since 2012 and I love Montana. I have no urge to call anywhere else home.

2. Cat, Griz, or other?

I don't follow any major sports or have any teams. I do enjoy fencing, archery, and MMA though.

3. Where are you doing your internship?

Billings Clinic in Billings.

4. Why did you decide to study Medical Laboratory Science?

I was looking for a career change after doing archaeology for many years. MLS is an ever evolving career that will provide a great challenge, is full of interesting science, and provides the ability to help people.

5. What are your plans after school?

To work at Billings Clinic.

6. What do you hope to gain from ASCLS-MT?

To have a support system to go to and learn from.

7. What's the best thing about being a student during a pandemic? Worst?

The one benefit I have seen come out of the pandemic is quizzes and tests moving to online, even when you are in class in person. This allows you to see immediate feedback on how you did. The worst thing was the online class and lab time. I think a lot gets missed and lost from online classes. Labs cannot be conducted online either.



## Klara Aspelin- MMLS Introduction

## Erin Buhler- MMLS Introduction

1. Where are you from?

Albuquerque, New Mexico

2. Cat, Griz, or Other?

CAT

3. Where are you doing your internship?

Montana State-North Valley in Whitefish

4. Why did you decide to study Medical Laboratory Science?

By accident-I wanted to study infectious diseases in a lab and unknowingly ended up here!

5. What are your plans after school?

I haven't decided what I want to do when I graduate in a year but I value the MLS degree so much because of how many possibilities it gives me.

6. What do you hope to gain from ASCLS-MT?

The friends and community I find in every lab in which I work is possibly my favorite part of the job and ASCLS-MT will continue to expand my peers.

7. What's the best thing about being a student during a pandemic? Worst?

Being home with my family during the beginning was a welcome blessing. As an MLS student I wish I could have helped out more.

1. Where are you from?

I am originally from Juneau, Alaska. I moved to Montana and gained residency in 2018 and have been in Bozeman ever since!

2. Cat, Griz, or other?

Go Cats, go!!

3. Where are you doing your internship?

I am completing my internship in the Montana Medical Laboratory Science Program (MMLS) in Bozeman, MT at MSU. I will be completing my clinical rotation at St. Vincent Healthcare in Billings, MT.

4. Why did you decide to study Medical Laboratory Science?

I have had a passion for lab work for as long as I can remember, biology and chemistry have been my favorite subjects since elementary school. I originally started my college career as a biochemistry major but was undecided on my career path for the majority of my time in college. I knew I didn't want to pursue graduate or medical school, but was always interested in pursuing a job in the medical field. When I found out about MLS at the end of my junior year, I knew it was the perfect fit for me and immediately began preparing for the MMLS program so that I could make becoming an MLS a reality.

5. What are your plans after school?

After school, my first priority is to find a job! Once my career has begun, I want to work toward paying off my student loans, start a savings, and eventually buy a house. I hope that once I start working, I will be able to travel more, start investing in my future, and one day start a family.

6. What do you hope to gain from ASCLS-MT?

I am hoping the ASCLS-MT will give me connections and guidance as I progress throughout my career. I believe that being a part of the ASCLS-MT team will keep me updated on all of the latest MLS updates and achievements!

7. What's the best thing about being a student during a pandemic? Worst?

To be honest, being a student during a pandemic has been extremely difficult and it has often been challenging to try to see the positives throughout the entire experience. The worst part of being a student during the pandemic was probably watching lectures online and learning how to study alone. I learned that a live lecture is far more engaging for me and that I thrive in group settings. That being said, the pandemic has taught me to be more adaptable, patient and focused, and for that I feel like I have become a stronger person!

## **Samantha (Sami) Goodman-MMLS Introduction**

## **Terah Rash-MMLS Introduction**

1. Where are you from?

I am from Athena, OR (tiny town between Pendleton, OR and Walla Walla, WA)

2. Cat, Griz or other?

I guess I am a Cat, but I have attended several schools and my spirit is lacking.

3. Where are you doing your internship?

I will be placed at Community Hospital in Missoula (Go Griz...)

4. Why did you decide to study Medical Laboratory Science?

I finished the kids section of the library when I was 10, so my parents allowed me to start reading scientific journal archives. I have known I wanted to be in medicine since I was 2, and became a phlebotomist when I was 19, loved it and decided to remain a lab rat.

5. What are your plans after school?

My husband of 11 years (our anniversary was Saturday) and I are ready to increase our numbers.

6. What do you hope to gain from ASCLS-MT?

Glean the knowledge of my peers.

7. What is the best thing about being a student during a pandemic?

Blended learning. I was able to choose if I felt the need to be in class in person or join via WebEx. There were several mornings through the winter that I was feeling a bit under the weather, but was still able to participate in class.

7a. Worst aspect?

Several digital glitches in the beginning because of the sharp learning curve caused by the shut down. Several professors struggled to adapt courses, which left the class unorganized and difficult to follow.

1. Where are you from?

Ridgecrest, CA

2. Cat, Griz or other?

Cats! Go Cats Go!

3. Where are you doing your internship?

St. Peter's Hospital in Helena

4. Why did you decide to study Medical Laboratory Science?

It was a perfect mix of everything I enjoy; science, helping people, and lab work!

5. What are your plans after school?

To work as an MLS :)

6. What do you hope to gain from ASCLS-MT?

Community, experience, knowledge

7. What is the best thing about being a student during a pandemic?

To be able to handle situation during a pandemic. It was hard to do everything online, with no lab work!







## April Zimmerman-MMLS Introduction

1. Where are you from?

Billings, MT

2. Cat, Griz, or Other?

I am a Yellow Jacket (MSU-Billings)

3. Where are you doing your internship?

Billings Clinic in Billings, MT

4. Why did you decide to study Medical Laboratory Science?

I decided to study Medical Laboratory Science because I have always had a fascination in the medical field but nursing or being a doctor never sparked my interest. When I found out about the program I was so excited because it seemed like it was exactly what I was looking for. I love the hands-on aspect of being in the lab and that I will be able to help people throughout my career.

5. What are your plans after school?

After school I plan on finding a job as an MMLS and then eventually go back to school to continue my education in the medical field. I'm not sure what I want to study, I want to either get my masters as an MMLS or possibly reach out into studying cytology.

6. What do you hope to gain from ASCLS-MT?

I hope to gain more knowledge and resources from other more experienced MMLS which I think will be super beneficial for a new MMLS.

7. What's the best thing about being a student during the pandemic? Worst?

The best thing about being a student during a pandemic would be more time to work at your own pace. I like when we had to switch to online lectures because a lot of the professors would record and make their lectures accessible to the students so they could access the lecture whenever.

The worst part about being a student during a pandemic, to me, was not having in person classes. I missed being able to go to the college to listen to the lecture and ask the professor questions in person. I missed being able to talk or even see my fellow classmates in person.

2021 Silent Auction donation to Shodair Children's Hospital

Big thanks to all our donors at the annual meeting.

Tiffany Ashworth presented on behalf of ASCLS-MT



## ASCLS UPCOMING EVENTS:

### 1. 2022 ELMC2

Friday January 14th, 2022

VA, United States

### 2. 2022 Clinical Laboratory Educators Conference

March 14, 2022

Denver, CO

### 3. ASCLS-MT Spring Meeting

May 4-6

Great Falls, MT

### 4. Joint Annual Meeting (JAM)

June 26-30

Grand Rapids, MI

ASCLS-MT is on social media...be sure to check us out!

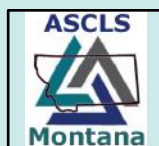


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If you have haven't already, follow us, like us and show us some love! You can also stay connected with us and other laboratorians with:

#WeSaveLivesEveryday #IAmASCLS #UnitedAgainstCOVID19 #ASCLSMT #ASCLS #Lab4Life #EveryTestIsOurPatient  
#IMSS #AintItGreatInRegionEight

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