

Greetings, Madame Chair and Committee Members:

The Association of Surgical Technologists (AST) is a national, non-profit organization that represents the interests of over 100,000 surgical technologists across the country, including approximately 880 practitioners in Kansas<sup>1</sup>. Nationwide, members of this rapidly growing profession<sup>2</sup> participate in upwards of 50 million surgeries each year<sup>3</sup>. AST strives to enhance the quality of surgical patient care through the advancement of the surgical technology profession.

Surgical technologists (commonly referred to as “scrub techs”) are allied health professionals who work under the supervision and delegatory authority of a surgeon to facilitate the safe and effective conduct of invasive and non-invasive surgical procedures; ensuring that the operating room environment is safe; that equipment functions properly; and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists have to combine the knowledge of human anatomy, surgical procedures, and the implementation of tools and technologies to facilitate a physician’s performance of invasive procedures. A surgical technologist is involved in every surgery — from cataract to open-heart — and often specializes in a particular area.

Surgical technologists serve as the surgeon’s co-pilot, and among their many functions, they: pass instruments and supplies to the surgeon during a procedure; manage complex surgical equipment; handle specimens, such as kidney stones and biopsy tissue; and, most importantly, they execute very precise actions – known as “sterile technique” – in order to establish and maintain the sterile integrity of the operating environment.

Using sterile technique each movement – from the way a surgical technologist opens a package of surgical gloves to how they actually get those gloves onto their hands – is executed in a way necessary to ultimately protect patients from the possibility of infection.

Remarkably, despite their critical role during surgeries, surgical technologists are the **only** member of a surgical team who is **not** required to meet any minimum threshold competency requirements. In the interest of patient safety, AST believes the surgical technology profession demands standards.

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<sup>1</sup> Bureau of Labor Statistics, May 2016 data; reported March 31, 2017.

<sup>2</sup> Bureau of Labor Statistics, May 2016 data; reported March 31, 2017, indicates job growth from 2016-2026 at 12% (12,600 positions).

<sup>3</sup> According to the latest data from the National Center for Health Statistics, 48 million surgical inpatient procedures were performed in the United States in 2009. See <https://stanfordhealthcare.org/medical-clinics/surgery-clinic/patient-resources/surgery-statistics.html>, April 4, 2017.

With Senate Bill 338, AST and the Kansas State Assembly (*chapter*) of AST, seek to establish objective, baseline competency standards for surgical technologists and require Kansas' healthcare facilities to hire personnel meeting those standards. The proposed legislation calls for: (1) completion of a nationally-accredited<sup>4</sup> surgical technology training program; (2) obtaining and maintaining the Certified Surgical Technologist (CST®) credential<sup>5</sup>; and (3) completion of fifteen hours of continuing education annually.

This bill would protect the existing surgical technology workforce with a grandfather provision that allows non-CSTs who were practicing on the effective date of the law, or at any time during the two years immediately preceding the effective date, to continue that employment without the need to go complete an accredited program or obtain the CST credential. However, "grandfathered" individuals would be required to complete fifteen hours of continuing education annually.

Another warranted exception covers individuals who have successfully completed a surgical technology program in any branch of the United States military. This group would be eligible for hire regardless of whether they fall within the grandfathering timeframe or hold the CST credential. They too, however, would be required to complete 15 hours of continuing education annually.

Nationally-accredited surgical technology programs provide a rigorous, comprehensive curriculum and develop skillsets that cannot be attained in non-accredited "diploma mills" or achieved through on-the-job training. Currently, there are 5 CAAHEP-accredited surgical technology programs in Kansas. The curriculum of accredited programs has evolved to target the development of *critical-thinking skills*, which are essential in a fast-paced surgical environment. Surgical technologists must constantly anticipate the surgeon's needs and think many steps ahead, as every minute a patient is in surgery increases the risks related to anesthesia and bleeding. The technologist, therefore, must be prepared to act without having to be told.

Testing of critical-thinking skills is a component of the National Certifying Examination for Surgical Technologists. A surgical technologist must pass this exam in order to earn the CST designation. Currently, there are 360 CSTs working in Kansas.

Along with the requirement to engage in continuing education relevant to medicine and advancements in surgical technology (e.g., robotics), AST believes the competency

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<sup>4</sup> *Commission on Accreditation of Allied Health Education Programs (CAAHEP).*

<sup>5</sup> *Issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).*

requirements stated in the bill are the best way to ensure that surgical technologists are properly equipped to safely and effectively assist with invasive procedures.

The American College of Surgeons (ACS) regularly collaborates with AST and accrediting organizations to develop standards and guidelines addressing accreditation, education, and credentialing related to surgical technology programs and practicing surgical technologists. The ACS has officially stated that it strongly supports *“adequate education and training of all surgical technologists, the accreditation of all surgical technology educational programs, and the examination for certification of all graduates of accredited surgical technology educational programs.”*<sup>6</sup>

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The certification bill before this Committee has been adopted into law in the following states (includes year enacted and overseeing body):

1. Nevada (2017; State Board of Health)
2. Oregon (2016; Oregon Health Authority)
3. New York (2015; Dept. of Health)
4. Tennessee (2013; Dept. of Health)
5. Massachusetts (2012; Dept. of Public Health)
6. New Jersey (2011; Dept. of Health)
7. Indiana (2009; State Dept. of Health)
8. Texas (2009; Health & Human Services Commission)
9. South Carolina (2008; Dept. of Health & Environment)

Idaho (1991; Dept. of Health & Welfare) implemented an administrative rule requiring surgical technologists either to complete a CAAHEP-accredited program or to satisfy the requirements for CST certification. Registration laws aimed at either title protection or mandatory registration, as a precondition to working as a surgical technologist, have been enacted in Arkansas (2017; State Medical Board), Colorado (2016; Dept. of Regulatory Agencies), Virginia (2014; Board of Medicine), Washington (2010; Dept. of Health), and Illinois (2004; Dept. of Financial & Professional Regulation).

Currently, AST has legislation pending at various stages in Pennsylvania, North Carolina, Georgia, and — your neighbor — Nebraska. On January 30, 2018, the Nebraska Senate Health Committee voted *unanimously* to send the surgical technologist bill on to a floor vote.

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<sup>6</sup> This statement was revised by the American College of Surgeons (ACS) Committee on Perioperative Care and the revision was reviewed and approved by the ACS Board of Regents at its June 2016 meeting. In November 2017, the ACS reaffirmed this statement in the Standards & Guidelines for the Accreditation of Educational Programs in Surgical Technology.

The Kansas Board of Cosmetology and the Board of Barbering currently require tattoo artists, body piercers, manicurists, and barbers to be licensed, which includes preparing for and passing an examination. As with many states, these professions are regulated in large part due to concerns regarding sterilization practices and prevention of infection. Because surgical technologists are involved in direct surgical patient care and their job responsibilities are so explicitly connected to the prevention of infections, they too demand a high level of qualification and accountability. For AST, certification is that level.

Certification is a minimum competency standard that does not invite the costs associated with registration or licensure. Our proposed bill would be enforced as part of the regular healthcare facility oversight process. Our legislative model represents the least intrusive regulation available and no state legislature that has formally reviewed the certification bill contemplated here, has ever concluded that this legislation would result in a fiscal impact. Moreover, with respect to hospitals' wage concerns, the Bureau of Labor Statistics (BLS) indicates no correlation between higher wages and regulation of the surgical technology profession.

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In conclusion, the policy goal of Senate Bill 338 is to establish objective, baseline competency standards that will serve as the hiring criteria for all future surgical technologists. Surgical patients do not have the privilege of choosing their surgical support team but this legislation would help to ensure that patients in every Kansas operating room will be in the most capable hands across all surgical team members.

On behalf of the Association of Surgical Technologists and the Kansas State Assembly of the Association of Surgical Technologists, I thank you for your consideration and urge your support of Senate Bill 338.

Sincerely,



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AST Director of Government Affairs