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Mt. Hood Community College
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To whom it may concern,

Passage of [House Bill 4106](#) would be detrimental to the profession of Surgical Technology.

The profession of Surgical Technology began during World War II as a need for operating room personnel was identified, it seems we are in a comparable situation today. The pandemic has highlighted the need for more healthcare providers in all sectors. During this crisis, metropolitan areas are seeing staffing shortages that rural communities have been experiencing for years. The US Bureau of Labor Statistics predicts that the Surgical Technology profession will continue experiencing growth for the next 5-10 years. [AST \(Association of Surgical Technology\)](#)

I have been a Certified Surgical Technologist since 1996 and have seen this profession grow and change dramatically in that time. I have seen the changes in the operating room firsthand, in moving from an on-the-job training of techs towards staff that has come from standardized educational training. I have seen the difference in the knowledge base of patient care and procedures that comes with that education.

Throughout my career, my certification status was desired by employers but was not monetarily valued. When [House Bill 2876](#) passed in 2015, I was proud to be working in a state that valued this education and certification in elevating its workforce, Oregon is leading the nation in this legislation. Throughout the nation, Surgical Technology programs are working towards elevating their educational goals to deliver graduates with an Associate Degree into the workforce. These changes are helping to elevate the profession itself and giving a voice to these professionals that are an integral part of the patient care experience. I feel that passage of [House Bill 4106](#) would be a step backward in our progress and detrimental to the profession of Surgical Technology.

- Patient safety is supported with a skilled and knowledgeable workforce.
- Maintaining certification ensures a workforce that is continuously learning and keeping up with the latest technological advances of the profession.
- Program accreditation supports oversight of the curriculum that is necessary for preparation of a skilled workforce.
- Adequate clinical experience prepares the new graduates for the work environment while supplying a safe space for learning.

While I can understand and empathize with the challenges of running a facility with staffing shortages, passing a bill that puts a patch on that situation without providing for a sustainable future is not the answer. I believe that an apprenticeship program would be appealing to single parent families or underrepresented communities in the short term; but in the long term if these populations are unable to get similar employment or wage opportunities as graduates of a program we are not actually providing for their long-term success. We are creating a larger issue of inequity in the labor market.



Oregon does not currently have an apprenticeship program for Surgical Technology, how long would it take to set up curriculum, secure apprenticeship training sites, and gather a cohort of students? Would this help to alleviate the current staffing shortages? As a program director of a Surgical Technology program, I can say with authority that a facility experiencing staffing shortages are not in a helpful position to supply training, we have many facilities that are not currently accepting student placements due to shortage of staff or increased numbers of temporary staff. My concern is that if this is the case in rural communities where placements are limited, what kind of apprenticeship experience will these students receive?

Our program is one of three programs in the state of Oregon and located in the Portland Metro area, I realize that this causes hardship for students from southern Oregon as we currently do not have a remote option for students outside the area. We have had several students throughout my time as program director from Roseburg, Medford, Grants Pass, Eugene, and Bend. It is necessary for these students to move to the area for their time in the program to complete didactic, lab, and clinical courses. The Portland Metro area has higher housing prices than the majority of Oregon and we have been heartbroken seeing students struggle with food and housing insecurity while in the program. I believe these are the issues that need changing and could be more beneficial to our profession and student population. Here are some options that I think could be explored rather than starting an apprenticeship training program:

- Could the hospitals and ambulatory surgical centers experience staffing issues set up scholarship funds, housing and basic needs to send qualified personnel to established training programs?
- Could offering increased incentives and bonuses help to recruit new graduates or seasoned employees to rural communities?
- Would rural community healthcare facilities entertain the possibility of offering student loan forgiveness to entice new graduates to rural healthcare facilities?

In conclusion, I believe that there are multiple creative options that should be explored to address current staffing crises, rather than passing legislation that takes our state in a backward direction. This crisis will eventually improve but is it worth the harm to patient safety in the meantime?

Thank you for your time and consideration,

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