

HB3596A:




TECHNICAL FIX

ALIGNING SURGICAL TECH TRAINING
WITH THE REST OF OREGON STATUTE

HB4106 PASSED IN 2022:

- Unanimously in both Committees
- 59-0 in the House
- 20-2 in the Senate
- Signed by the Governor
- So Why Do We need HB3596A?



HB3596A is in response to a DOJ determination during the 2022 Rulemaking Process -- needed to clarify legislative intent regarding where the education component would occur

Enrolled
House Bill 4106

Sponsored by Representatives SCHOUTEN, MOORE-GREEN, Senator PATTERSON, Representative ZIKA; Representatives ALONSO LEON, CAMPOS, DEXTER, EVANS, FAHEY, GRAYBER, HAYDEN, HELM, HIEB, HOY, HUDSON, KROPF, LIVELY, MARSH, MCLAIN, NOBLE, REYNOLDS, RUIZ, STARK, WEBER, WILDE, Senators BEYER, FREDERICK, KENNEMER, PROZANSKI (Presession filed.)

CHAPTER

AN ACT

Relating to surgical technologists; creating new provisions; amending ORS 676.875; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. ORS 676.875 is amended to read:

676.875. (1) A health care facility may not allow a person to practice surgical technology at the health care facility unless the person:

(a)(A) Provides the health care facility with documentation showing that the person has completed an educational program for surgical technologists accredited by a national accreditation organization approved by the Oregon Health Authority by rule; and

(B)(i) Holds and maintains a:

(I) Surgical technologist certification issued by a nationally accredited certifying organization for surgical technologists approved by the authority by rule; or

(II) **Subspecialty surgical assistant or surgical technologist certification, including but not limited to a certified ophthalmic surgical assisting credential issued by the International Joint Commission on Allied Health Personnel in Ophthalmology or its successor organization, that is accredited by the National Commission for Certifying Agencies or its successor organization and approved by the authority by rule; or**

(ii) Has completed and is certified by a registered apprenticeship program in surgical technology that:

(I) Is approved under ORS 660.002 to 660.210;

(II) Meets the requirements for, and requires participants to receive, certification by the National Center for Competency Testing or its successor organization;

(III) Upon completion awards certification accredited by the National Commission for Certifying Agencies or its successor organization; and

(IV) Is approved by the authority by rule;

(b)(A) Provides the health care facility with documentation showing that the person has completed a training program for surgical technologists in the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States or in the United States Public Health Service Commissioned Corps; and

(B) Every two years completes 16 hours of continuing education approved by the authority; or

of this section to perform surgical technology at the health care facility for 12 months after the person completes an educational program for surgical technologists accredited by a national accreditation organization approved by the authority by rule.

(3) Notwithstanding subsection (1)(a)(B) of this section, a health care facility may allow a person who does not hold a certification described in subsection (1)(a)(B) of this section to perform surgical technology at the health care facility if the person:

(a) Is an apprentice, as defined in ORS 660.010, actively enrolled in a registered apprenticeship program in surgical technology described in subsection (1)(a)(B)(ii) of this section that requires the person to obtain on-the-job supervised training; and

(b) Is at all times while performing surgical technology provided adequate direct supervision as required by the standards for the registered apprenticeship program in which the person is enrolled.

SECTION 2. The State Apprenticeship and Training Council, in coordination with the Bureau of Labor and Industries, shall study registered apprenticeship programs in surgical technology, including graduation and placement rates. The council shall submit findings and recommendations to an interim committee of the Legislative Assembly related to health care not later than September 1, 2025.

SECTION 3. Section 2 of this 2022 Act is repealed on January 1, 2026.

SECTION 4. (1) The amendments to ORS 676.875 by section 1 of this 2022 Act become operative on January 1, 2023.

(2) The Oregon Health Authority and the State Apprenticeship and Training Council may take any action before the operative date specified in subsection (1) of this section that is necessary to enable the authority and the council to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the authority and the council by the amendments to ORS 676.875 by section 1 of this 2022 Act.

SECTION 5. This 2022 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2022 Act takes effect on its passage.

- 10-0 in House Behavioral Health & Health Committee
- 40-0 on the House Floor

Key Issue During the Hearing: Ensuring that the educational components are built into the apprenticeship. The rules are very clear:

OHA Rules, 333-076-0137, Section 9 (a): " (a) For approving under this rule, the Authority shall review registered surgical technology apprenticeship programs that have been approved under ORS 660.002 to 660.210 and listed on the Bureau of Labor and Industries' (BOLI) website. The Authority shall review the occupational standards submitted to BOLI and available at <https://www.oregon.gov/boli/apprenticeship/Pages/apprenticeship-opportunities.aspx>. (b) In reviewing the apprenticeship program, the Authority shall: (A) Only approve a registered apprenticeship program that satisfies the requirements in paragraphs (8)(b)(A) through (C) of this rule. (B) Consider whether the program's occupational standards submitted to BOLI implements satisfactory education and training curriculum and requirements to protect health and safety of apprentices and patients, including but not limited to: (i) Whether the curriculum meets or exceeds the core curriculum standards established by the Association of Surgical Technologists in its Core Curriculum for Surgical Technology, Seventh Edition available at www.ast.org/educators/core curriculum."

The bill as amended also includes the following: HB3596, "Section 1 (C): *Includes an educational component as determined sufficient by the authority;*"

WHAT IS A SURGICAL TECHNOLOGIST

"Surgical technology" means intraoperative surgical patient care that involves: (a) Preparing an operating room for surgical procedures by ensuring that surgical equipment is functioning properly and safely; (b) Preparing an operating room and the sterile field for surgical procedures by preparing sterile supplies, instruments and equipment using sterile techniques; (c) Anticipating the needs of a surgical team based on knowledge of human anatomy and pathophysiology and how those fields relate to the surgical patient and the patient's surgical procedure; and (d) Performing tasks as directed in an operating room, including: (A) Passing instruments, equipment or supplies; (B) Sponging or suctioning of an operative site; (C) Preparing and cutting suture material; (D) Transferring fluids or drugs; (E) Handling specimens; (F) Holding retractors and other equipment; (G) Applying electrocautery to clamps on bleeders; (H) Connecting drains to suction apparatus; (I) Applying dressings to closed wounds; and (J) Assisting in counting supplies and instruments, including sponges and needles.



NOTE That SurgTechs **DO NOT** perform surgery on patients - - **ever**.

But they are critical to the overall operation and organization of a successful surgery.

So, as you've heard:



- Oregon communities, urban and rural, have a **crisis level shortage** of our valued **CERTIFIED** surgical technologists for hospital and outpatient surgery settings. Bottom line: we need more.
- A shortage exists because there are only 2 training programs in Oregon, **both in Portland**. They generate too few certified surg techs to meet the need. Some individual facilities have 6-15 openings, and estimates are that the health system will need over 100 additional certified surg techs in the next 2-3 years.
- The shortage:
 - Causes delays in needed and often critical surgical procedures,
 - Forces nurses to take time away from their tasks to perform the surgical pre and post prep work
- Oregon statute for surgical techs - and only surgical techs - is very limited / classroom only

This chart says it all. Oregon allows various training opportunities in almost all of the skilled workforce fields - - except for Surgical Technology.



Oregon Statute Restricts Adequate Training Capacity:

Skilled Workforce	ORS = Flexible & <u>Allows</u> for Paid Work-Based Training	ORS = <u>Restricts Work Based Training</u>
✓	Certified Medical Assistants	Certified Surgical Technologists
✓	Certified Nursing Assistants	
✓	Certified Electrician Journeymen	
✓	Certified Plumbing Journeymen	
✓	Certified Data / Technology	
✓	Certified Aircraft Mechanic	
✓	Network Security Administrator	
✓	Structural Ironworker	
✓	Operating Engineer	
✓	+ 17 other careers	



HB4106 simply aligns the SurgTech provisions with the provisions that work in many other areas. In addition, it maintains 100% the existing pathway. We believe that the shortage is so great that we need BOTH the existing pathway, and new avenues. We would strongly support community colleges starting new programs, but we've heard this before, and even if they do, we could hire every surgtech that both pathways will produce. The bill is important to each of your communities. Why? Because it....

Opens the door for rural residents, communities of color, those living in poverty, young people and individuals who can't afford to move their families to Portland.

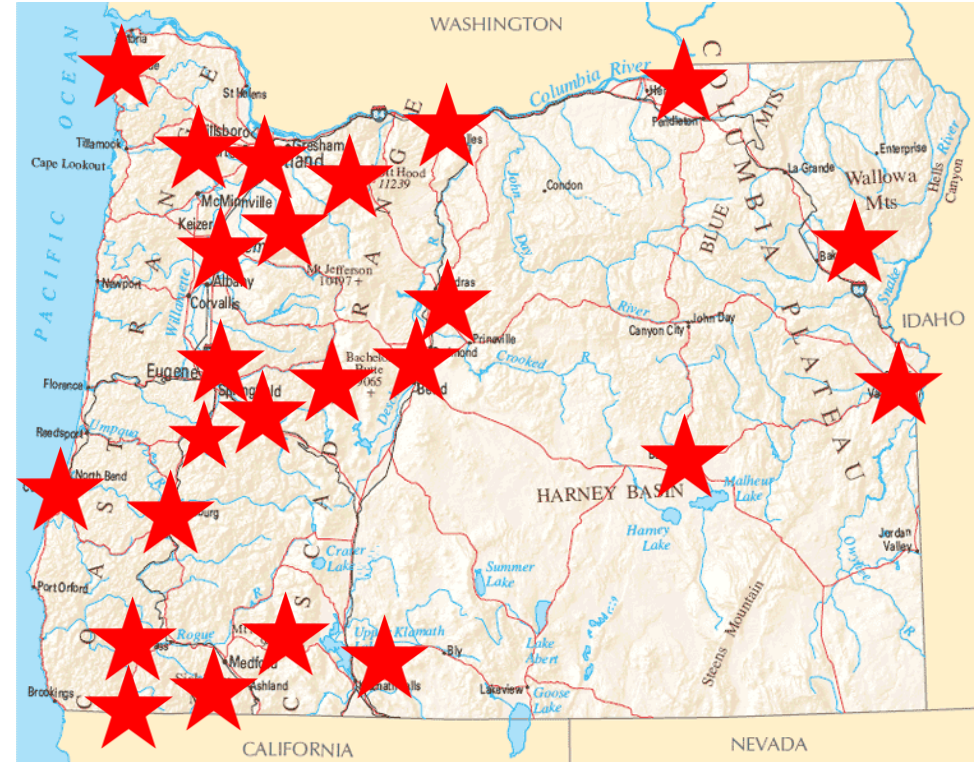
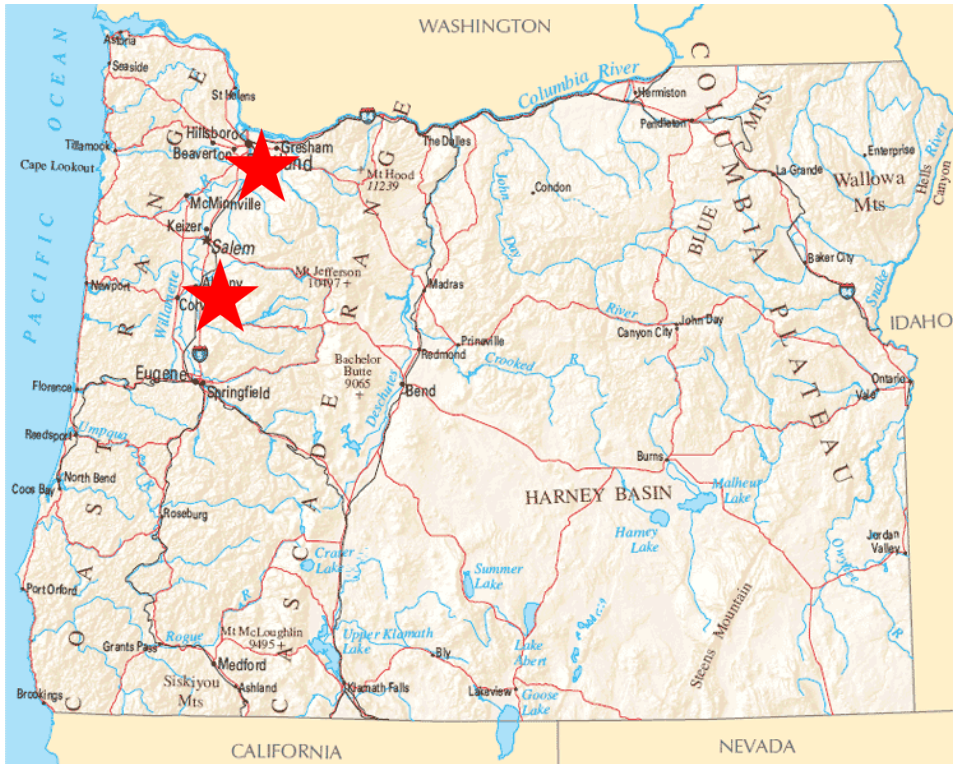
And it will provide living wage healthcare jobs (\$25-\$32 starting pay + benefits) and opportunities for advancement! For CSTs in a facility with a collective bargaining agreement, they would automatically fall under that CBA or labor agreement.



**HB3596: 30+ Options
and Locations
throughout the state!**



Current Locations: 2



Apprenticeship works and it is safe. We know that. And those who criticize Oregon's apprenticeship model haven't done their homework.



Meets ALL existing educational and testing standards.

Safety: BOLI Requirements ORS660.002, National Center for Competency Testing , OHA Public Health Regs 333/ Division 76, OAR409.045, DOL, HealthSTAR apprentice supervision required.

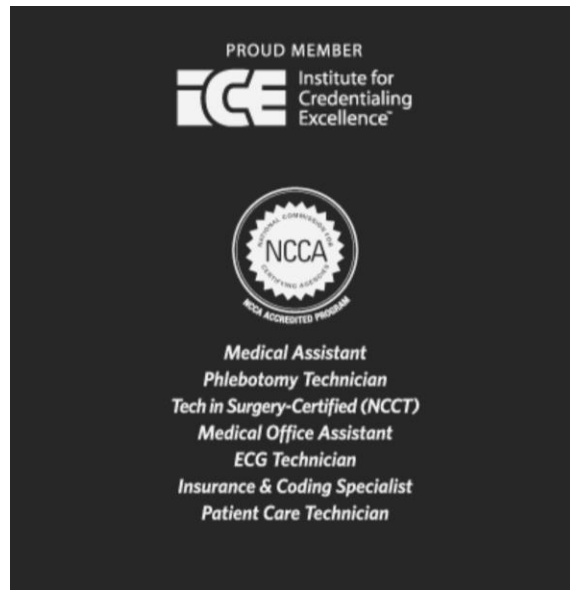
Oversight: State Agencies and HealthSTAR Joint Committee 501c3, OHA Licensing, 3-year accreditation reviews, established complaint process, etc.

Protection: All state regulations and laws apply, insurance and facility policies require supervision and safety, national accreditation requires safety standards.



<https://www.ncctinc.com/certifications/tsc>

More than 30 years of experience in medical certifications, training and credentialing, and working with surgical technology apprenticeships



Make fulfilling your career easy with NCCT.

NCCT believes people can learn in a variety of ways so we offer multiple routes of eligibility for certification testing. Students and graduates of NCCT authorized schools, working professionals, and military trained professionals may all qualify to take NCCT



Tech in Surgery - Certified (NCCT), TS-C (NCCT)
Accredited by NCCA



Surgical technologists

are allied health professionals who are responsible for various tasks pre, intra, and post operatively. They maintain asepsis during surgery, anticipating the surgeon's needs while remaining attentive to all aspects of the surgical procedure to ensure a safe environment for the patient.



The NCCT Testing Requirements are Rigorous & Meet National Institute for Credentialing Excellence.

TS-C (NCCT) Detailed Test Plan Effective Date: November 2019 This detailed test plan reflects the results of a national job analysis study that determined the critical job competencies to be tested by NCCT in this certification examination. It contains 175 scored items, 25 unscored pretest items, and candidates are allowed four (4) hours to complete the examination. This certification examination is comprised of 95-98% standard, 4-option multiple-choice items and 2-5% alternative items (e.g., Drag and Drop, Multi-Select, Hotspot). Number of Scored Items Critical Job Competencies A Set up for surgical procedure 55 1 Preoperative Care and Preparation Page 1 www.ncctinc.com Tech in Surgery – Certified TS–C (NCCT)

Detailed Test Plan EX-0504

A1 Arrange sterile instruments and supplies for surgical procedures

A2 Visually inspect and assemble any equipment and instruments used during the case.

B Execute patient safety

B1 Anticipate the needs of special patient populations (e.g., pediatric, geriatric, immune compromised).

B2 Explain the surgical Time Out.

B3 Understand safe transfer of the patient to the operating room table.

B4 Understand placement of the safety belt and pressure pads on the patient.

B5 Verify count with circulating nurse/nurse (e.g., sutures, sharps, sponges, instruments).

C Apply sterile technique

C1 Use appropriate personal protective equipment (e.g., mask, eye protection).

C2 Explain the principles of aseptic technique while opening supplies for the surgery.

C3 Describe proper sequence for surgical hand scrub.

C4 Describe the proper technique for donning sterile gown and gloves.

C5 Outline the sequence for gowning and gloving the surgical team.

C6 Outline the sequence for draping the patient.

68 2 Perioperative Care and Preparation

A Assess the integrity and sterility of items A1 Differentiate methods of sterilization (i.e. temperature, length of time).

A2 Determine liquid sterilants and disinfectants according to parameters and manufacturer's recommendations.

A3 Verify correct package integrity (read indicators, know what makes a package unsterile).

A4 Verify biological and DART air removal tests per protocol. B Utilize preference cards

B1 Modify surgeon's preference card (pick list) as necessary.

B2 Prepare supplies listed on preference card. B3 Utilize cost saving measures.

C Document unusual events (e.g., sentinel events, incident reports)

C1 Given an example, identify information required to complete an incident report.

C2 Define reportable incidents.

D Understand environmental safety

D1 Initiate preventative and/or corrective actions in potentially hazardous situations.

D2 Perform appropriate actions during an emergency.

D3 Explain RACE & PASS.

D4 Utilize laser safety.

D5 Explain what actions to take during a biohazard spill.

D6 Utilize Safety Data Sheets (SDS).

D7 Understand standard precautions.

E Prepare the operating room according to the surgical procedure (e.g., temperature, position lights, ensure items are functioning, and placement of furniture)

F Facilitate the completion of proper documentation

F1 Handle specimens appropriately.

F2 Report the total amount of medications and solutions used during the procedure.

G Understanding of basic sciences as they relate to surgical procedures

B Execute end of the procedure tasks

B1 Summarize the steps to assist with skin closure.

B2 Understand dressing materials.

B3 Explain the application of casts, splints, braces, and similar devices.

C Preparation of supplies 17 4 Postoperative Care and Preparation A Recognize possible post op complications (e.g., bleeding at surgical site, hematoma)

C1 Distinguish among stapling devices.

C2 Confirm with the surgeon and the circulating nurse the specific type and/or size of implantable devices.

C3 Outline the steps for surgical device preparation (drains, catheters, tubing).

G1 Apply knowledge of human anatomy to the surgical procedure.

G2 Apply principles of asepsis

G3 Distinguish modes of transmission of microorganisms to apply appropriate contact precautions (e.g., TB, MRSA, CDiff, VRE).

G4 Understand the uses, effects, and complications of drugs and solutions.

G5 Execute the 5 rights of medication administration.

G6 Understand appropriate fluid utilization. 35

3 Intraoperative Care and Preparation A Support the needs of the surgeon

A1 Assess the need for retraction to facilitate proper operative exposure.

A2 Determine necessary instruments and supplies during surgery.

A3 Anticipate intra-operative assistance to the surgeon (e.g., sponging, suctioning, irrigation, wiping instruments).

A4 Apply indirect cautery under the direction of the surgeon.

A5 Prepare and cut suture materials as directed.

C4 Identify the appropriate sutures/needles.

B Execute end of case procedures

B1 Complete room turnover after surgery (return unused supplies)

B2 Maintain the sterility of the back table and mayo stand until the patient leaves the room.

B3 Explain how to prepare the instruments for the decontamination and sterilization process.

Here's another way of looking at it, but I'd draw your attention to the two columns on the right.

Existing Options Maintained / Standards The Same:

	High School or GED Pre-requisite	Graduate Surgical Tech Program by Degree or Certificate	Complete Surgical Tech Competency Testing	Military Experience Option	Continuing Education	Stay in your community	Earn while you learn
CAAHEP	Yes	Yes	Yes	No	Yes	No	No
NBSTA	Yes	Yes - CAAHEP or ABHES only	Yes	Yes	Yes	No	No
NCCT	Yes	Yes	Yes	Yes	Yes	Yes	Yes

I want to be very clear:

A Surgical Tech Apprentice is someone in training:

This bill states, MUST be under supervision at all times while in the operating room

HB4106 -1 Amendment:

“(b) Is at all times while performing surgical technology provided adequate direct supervision as required by the standards for the registered apprenticeship program in which the person is enrolled.

NEVER performs surgery on a patient, even after they are fully certified.

SurgTechs play a **support and technical role** to assist the team that is performing a surgical procedure.

A program graduate becomes a “***Certified Surgical Technologist***” and will be covered by all of the existing facility employment and collective bargaining agreements (i.e. wage/benefits, etc.)



67 **OREGON** organizations, including hospitals, surgery centers, doctors, nurses and surgical techs in every corner of the state support this OREGON DEVELOPED and OREGON BASED solution to our health care workforce crisis.



As hundreds of nurses, surgical
Techs, physicians, and others
from OREGON and from your
districts, support this program.



Individual Supporters Including Nurses, Surgical Techs, Physicians Administrator, Training Experts:

Nellyda Anslow, RN
Jesseye Arrambide, RN, BSN, CNOR
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Aimee Baxter, RN Jackie Bech, RN
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OREGON surgery centers:

Ashland Surgery Center
BSM Surgery Center
Cascade Spine Center
Cascade SurgiCenter Center for Specialty Surgery
Columbia River Surgery Center
East Pavilion Surgery Center
East Portland Surgery Center
Eye Health Eastside Surgery Center
Eye Surgery Center
Eye Surgery Center (Medford)
Eye Surgery Institute
Grants Pass Surgery Center
Interstate Ambulatory Surgery Center
Klamath Surgery Center
Lane Surgery Center
McKenzie Surgery Center
Medical Eye Center
Northbank Surgical Center
Northwest Spine and Pain

Oregon Eye Surgery Center
Oregon Outpatient Surgery Center
Oregon Specialists Surgery Center
Oregon SurgiCenter
River Road Surgery Center
Riverbend Surgery Center
Salem Endoscopy Center
Salem Outpatient Surgery Center
Skyline Ambulatory Surgery Center
Slocum Surgery Center
South Portland Surgical Center
Spine Surgery Center of Eugene
Sunnybrook Ambulatory Surgery Center
Sunset Surgical Center
Surgery Center at Tanasbourne
Surgery Center of Mt. Scott
The Corvallis Clinic Surgery Center
Willamette Surgery Center
Wilshire Surgery Center
Yamhill Valley Surgical Center

Surgical Techs SUPPORT This Legislation:

Jan 17, 2022

To: The Oregon Legislature

Good morning,

I am a surgery tech at Ashland surgery center and I am writing in support of a program that would allow us to train our own techs to scrub.

I have been a scrub tech for 45 years and am looking forward to going per diem when I hit 65 this year. We have been trying to hire a qualified ST since before the pandemic began. It would be nice to find the right person and integrate them into our practice.

Thank you for your efforts.

Cindy DeGroft
Ashland, Oregon
mcdegroft@gmail.com



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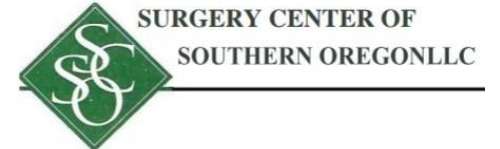
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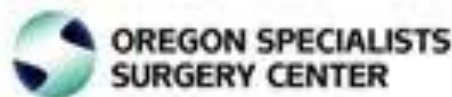
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Bottom Line:

Safe, Proven, Effective



The OREGON Apprenticeship Model Works

- ✓ Today, nurses are having to step in and take over these responsibilities, and that's taking nurses away from what they do best.
- ✓ This program will help with the nursing shortage and improve patient care.
- ✓ These are high paying jobs, \$25-32+ an hour to start, with opportunities for advancement.
- ✓ The establishment of this model proves that we not only value CSTs, but understand just how important they are and want many more in our hospitals and surgery centers.
- ✓ The apprenticeship model is good for rural residents, BIPOC communities, single parents, and young people, who will now be able to pursue this field without moving hundreds of miles away and paying for housing and extra living expenses for 2 years.

Questions:

doug@nwpolicy.com

