

SB 874 Fav.pdf

Uploaded by: Christopher West

Position: FAV

CHRIS WEST
Legislative District 42
Baltimore and Carroll Counties

Judicial Proceedings Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 322
Annapolis, Maryland 21401
410-841-3648 · 301-858-3648
800-492-7122 Ext. 3648
Chris.West@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 7th, 2024
The Maryland State Senate Finance Committee
The Honorable Pamela Beidle
3 East Miller Senate Building
Annapolis, Maryland 21401

Re: Senate Bill 874: *Hospitals and Ambulatory Surgical Facilities - Surgical Technologists*

Dear Chairwoman Beidle and Members of the Committee,

There are 128,900 surgical technologists employed nationwide including 1,930 in Maryland. Surgical technologists are the surgical team members that maintain the sterile surgical field, ensuring that members of the surgical team adhere to sterile technique to prevent surgical site infections. Certified Surgical Technologists serve as the surgeon's second-in-command providing instruments and supplies to the surgeon, preventing patient death and harm related to medication, as well as infections, and bleeding.

Surgical technologists must operate effectively to prevent "never events," like medication errors, surgical implant errors, unintended retained surgical items, patient burns, and incorrect site surgery.

Typically, surgical technologists must earn an associate degree from an accredited institution to practice. There are seven accredited programs throughout the state and the certification exam price ranges from \$190 to \$290. Nonetheless, surgical technologists are not regulated in most states including Maryland.

Senate Bill 874 would require that Surgical technologists graduate from an accredited educational program and pass the certified surgical technologist exam (with exceptions for all currently employed surgical technologists and military-trained surgical technologists). Furthermore, surgical technologists who have graduated from an accredited program but are not yet certified have 18 months to obtain certification.

Senate Bill 874 also stipulates that oversight is through the Department of Health to verify surgical technologist compliance upon request, requiring no change and minimal effort by hospitals and ambulatory surgery centers. The bill will not require a new licensing regime because health care facilities verify the surgical technologist, and apprenticeships can be used as the clinical experience in the credentialed education program.

Surgical technologists are an integral part of our healthcare system and we owe it to our residents to ensure that when they enter surgery, they can be certain their whole team is properly trained.

I appreciate the Committee's consideration of Senate Bill 874 and will be happy to answer any questions the Committee may have.

2024 Testimony - Favorable - Senate Bill 874 - Hos

Uploaded by: Daniel Shattuck

Position: FAV



BROCATO & SHATTUCK

Date: Thursday, March 7, 2024
Committee: House Health and Government Operations Committee
Delegate Joseline Peña-Melnyk, Chair
Bill: Senate Bill 874 – Hospitals and Ambulatory Surgical Facilities - Surgical Technologists
Position: **Favorable**

On behalf of our client the Maryland-Delaware Chapter of the Association of Surgical Technologists we support Senate Bill 874.

Surgical technologists are not regulated in most states. AST advocates to state legislatures for surgical technologists to be graduates of accredited programs and earn and maintain certification. The following states have laws related to education and certification of surgical technologists: Idaho (1991), Indiana (2009), Massachusetts (2012), Nevada (2017), New Jersey (2011), New York (2015), Oregon (2016), Pennsylvania (2020), South Carolina (2008), Tennessee (2013), Texas (2009), Virginia (2021), Connecticut (2023).

Who are Surgical Technologists?

- Certified Surgical Technologists not only serve as the surgeon’s co-pilot and provide instruments and supplies to the surgeon, but they prevent patient death and harm related to medication, surgical fires, instruments and implants, infection, and bleeding.
- Surgical technologists are the surgical team member that maintain the sterile surgical field to ensure members of the surgical team adhere to sterile technique to prevent surgical site infections.
- As essential surgical team members, surgical technologists must perform very effectively to prevent “never events,” including medication errors, surgical implant errors, unintended retained surgical items, patient burns, and incorrect site surgery.
- They operate complex surgical robotic equipment and handle cancer specimens, such as biopsy tissue.
- There are 128,900¹ surgical technologists employed nationwide including 1.930² in Maryland.

What is the Process to Become a Certified Surgical Technologist?

- An associate degree accredited education program is required. The standards for Surgical Technology programs are accredited either through a [CAAHEP](#) or [ABHES](#). There are 7 accredited education programs geographically distributed in Maryland.
- Certification exam is through the [NBSTSA](#) and costs \$190 if a member of AST or \$290 if not.

What is Being Proposed?

- Surgical technologists must graduate from an accredited educational program and pass the certified surgical technologist exam. There are exceptions for all currently-employed surgical technologists and military-trained surgical technologists.
- Surgical technologists who have graduated from an accredited program but are not yet certified have 18 months to obtain certification.

¹ <https://www.bls.gov/ooh/healthcare/surgical-technologists.htm#tab-1>

² <https://www.bls.gov/oes/current/oes292055.htm>

- Oversight is through the Department of Health to verify surgical technologist compliance upon request – no change, minimal effort by hospitals and ambulatory surgery centers.
- No new licensing regime – health care facilities verify the surgical technologist.
- Apprenticeships can be used as clinical experience in the credentialed education program.

For these reasons we ask for a **Favorable report on Senate Bill 874.**

For more information:

Barbara Brocato – barbara@bmbassoc.com

Dan Shattuck – dans@bmbassoc.com

IJCAHPO Testimony Maryland SB 874 March 7 2024.pdf

Uploaded by: Wade Delk

Position: FWA

International Joint Commission on Allied Health Personnel in Ophthalmology
Testimony on SB 874
Senate Committee on Finance Hearing, March 7, 2024

I am Linda M. Tsai, MD, FACS, an Ophthalmologist and also the Secretary of Public Affairs for the International Joint Commission on Allied Health Personnel in Ophthalmology (IJCAHPO). It is in that capacity that I am providing this testimony to you.

While we applaud and endorse the goal of improving patient safety and surgical outcomes, the language in SB 874 may have an unintended consequence that could actually place patients undergoing ocular surgery at a greater risk than necessary by excluding some certified individuals who have demonstrated greater skills and training in ocular surgery. Ophthalmic surgical assistants have become indispensable members of the surgical team and have helped to make ocular surgical procedures some of the safest and most successful surgeries in all of medicine.

We request that the term “Surgical Assisting” be inserted following “Surgical Technologist” throughout the legislation as they are identical roles to that which is defined and addressed by this legislation.

Our specific areas of concern are found on page 3, between lines 26-30. As required in the legislation, once the words “Surgical Assisting” are included, those who hold the IJCAHPO Ophthalmic Surgical Assisting (OSA) certification do hold:

“A CERTIFIED SURGICAL TECHNOLOGIST OR SURGICAL ASSISTING CREDENTIAL ADMINISTERED BY A NATIONALLY RECOGNIZED SURGICAL TECHNOLOGIST CERTIFYING BODY ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES”

However, the language that follows becomes more prescriptive by requiring additional hurdles:

“**AND** RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS **AND** THE ASSOCIATION OF SURGICAL TECHNOLOGIST”

We request the removal of this language as the requirements of a national certification and accreditation by the National Commission for Certifying Agencies is sufficient to achieve your goals. Should you wish to keep this language, we request that the second “AND” be removed, as seen below in the strike through, and “OR” be added along with the additional language in bold below. The paragraph would then read:

“A CERTIFIED SURGICAL TECHNOLOGIST OR **SURGICAL ASSISTING CREDENTIAL** ADMINISTERED BY A NATIONALLY RECOGNIZED SURGICAL TECHNOLOGIST OR

SURGICAL ASSISTING CERTIFYING BODY ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES AND RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS, AND THE ASSOCIATION OF SURGICAL TECHNOLOGIST, OR BY A SUBSPECIALTY SURGICAL ASSISTING OR SURGICAL TECHNOLOGIST CERTIFYING ORGANIZATION TO INCLUDE BUT NOT LIMITED TO THE INTERNATIONAL JOINT COMMISSION ON ALLIED HEALTH PERSONNEL IN OPHTHALMOLOGY, THAT IS A NATIONALLY RECOGNIZED AND ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES OR OTHER NATIONALLY RECOGNIZED ACCREDITING BODY”

Our goal is not to exclude certified surgical technologists who have acquired the necessary skills and proficiencies to assist ocular surgeons through other certifying bodies, but rather to ensure that IJCAHPO certified OSA, and other subspecialties, who already possess the skill and certification needed, are recognized in all legislative and regulatory actions regarding surgical technologist or surgical assisting. This is in the best interest of efficient, high-quality care, and public protection.

The practice of modern medicine is extraordinarily specialized and demanding, and nowhere is this truer than in the practice of Ophthalmology. IJCAHPO was established in 1969 as a 501(c)3 not-for-profit organization dedicated to educating and certifying ophthalmic medical assistants to meet the needs of ophthalmologists and ensure that their patients receive the highest quality eye care. We have certifications, including the OSA, that have been awarded accreditation by the National Commission for Certifying Agencies (NCCA) after meeting or exceeding their rigorous standards.

Our shared goal is to provide patients with the highest level of care and the safest experience possible in the operating room. As an Ophthalmologist, I want only the best for my patients, and that means using only the most qualified and best trained surgical assistants possible in the operating room. I am sure you will agree that providing the highest quality healthcare by the most well-trained and skilled individuals, which is clearly demonstrated by those who are IJCAHPO certified OSA, is of the greatest importance to ensuring the best and safest outcomes for the citizens of Maryland.

I respectfully request that this legislation be amended to include individuals who hold a valid certification from IJCAHPO as OSA are eligible for employment as surgical assistants/surgical technologists in the state of Maryland.

Thank you for the opportunity to provide this testimony and your consideration of our request.

Best Regards,

Linda M. Tsai, MD, FACS

Linda M. Tsai, MD, FACS
Secretary of Public Affairs
IJCAHPO

SB 874 CSC Letter of Opposition.pdf

Uploaded by: Andrea Hyatt

Position: UNF



Senate Bill 874 Hospitals and Ambulatory Surgical Facilities- Surgical Technologist

Position: **Oppose**

3/7/2024

Senate Finance Committee

I am Tina DiMarino, President and CEO of Custom Surgical Consultants, LLC (CSC), a Maryland based ambulatory surgery center (ASC) consultant company that manages and develops several ASCs in Maryland and across the country. Our company works with Medicare certified and fully accredited ASCs performing tens of thousands of cases on an annual basis. I am writing as this bill would significantly affect Maryland facilities as we currently oversee centers employing roughly 75 surgical technologists; of which only 3 have their certification.

Custom Surgical Consultants strongly opposes Senate Bill 874, which prohibits ambulatory surgical centers from hiring a surgical technologist who have not completed a specified program. This would increase the shortage of qualified candidates in our healthcare system and effectively disrupt patient outcomes in surgery centers, statewide.

Surgical technologists, also called scrub techs, are healthcare professionals whose primary duties are preparing the operating rooms, keeping the environment sterile and well organized, and working closely with the surgical team. They are an invaluable part of the active operating room staff and handle everything from preparing the sterile field to anticipating the surgeon's needs and advocating for patient safety.

Custom Surgical Consultants, in concert with facility leadership, provide a framework for an onsite orientation training program that each surgical tech must complete to ensure that the standards of care in surgery are met. Many scrub techs come to surgery centers with a wide range of outside experience, either learning from the military, transferring from one of our clinical offices performing as technicians, or they bring with them previous job experience with other surgery centers or hospitals with multiple specialties. Prospective surgical technicians currently have many different avenues available to them to enter the medical field, and this bill would limit those who are interested in entering the medical field.

Patient safety and infection control are high priorities to all the organizations we assist. CSC management facility outcomes have low infection rates and meet the highest standards of care. Our centers follow the highest quality control standards set forth by AORN and AAMI guidelines. Our surgical techs and the entire surgical teams following the set protocols, orientation program and standards of care, have allowed us to achieve surgical site infection rates lower than the national average.

Surgical technicians are educated on location and include having a 1:1 mentor until they have reached specific milestones and are ready to scrub independently. Many of our surgical techs have used the experience they have gained at the facilities we oversee and go on to nursing school, medical school, or higher-level jobs within the industry.

Ambulatory surgical centers are experiencing extreme difficulties in hiring qualified surgical technicians. In a center we manage in Pennsylvania, where there is already a mandated certification requirement, we have found it extremely difficult to fill vacant surgical tech positions. We have consistently placed ads for certified surgical technicians without viable candidates or fulfillment of the vacancy.

Requiring surgical technologists to be certified will not only cause hardships to the surgical teams experiencing staffing shortages, but it will also further limit many opportunities for individuals hoping to enter the surgical tech workforce. For these reasons, Custom Surgical Consultants, LLC is asking for an unfavorable report on Senate Bill 874.

For consideration,

Tina J DiMarino

Tina J DiMarino, DNP, MSN, MBA, RN, CNOR, CASC

President and Chief Executive Officer
Custom Surgical Consultants, LLC.
Cell: 443-504-3083
www.customsurgicalconsultants.com



SB 874 Hospitals and Ambulatory Surgical Facilitie

Uploaded by: Andrea Hyatt

Position: UNF



Senate Bill 874 Hospitals and Ambulatory Surgical Facilities- Surgical Technologist Position:

Oppose

3/7/24

Senate Finance Committee

I am Jennifer Knopp, the Director of Surgical Services for Vision Innovation Partners (VIP). VIP owns and operates ten Ambulatory Surgery Centers (ASC) in the mid-Atlantic region, including six in Maryland and four in Pennsylvania. Our premier group of ophthalmology ASCs performs over 32,000 surgeries annually. All ten of our ASCs are AAAHC accredited and receive outstanding performance reviews. I am writing as this bill would significantly affect our facilities as we currently employ 26 surgical technologists; only 6 have their certification.

Vision Innovation Partners strongly opposes Senate Bill 874, which prohibits ambulatory surgical centers from hiring a surgical technologist who has not completed a specified program. This would increase the shortage of qualified candidates in our healthcare system and effectively disrupt patient outcomes in our surgery centers.

Our surgical technologists, also called scrub techs, are healthcare professionals whose primary duties are preparing the operating rooms, keeping the environment sterile and well organized, and working closely with the surgical team. They are an invaluable part of the active operating room staff and handle everything from preparing the sterile field to anticipating the surgeon's needs and advocating for patient safety.

Vision Innovation Partners has an onsite orientation training program that each surgical tech must complete to ensure that the standards of care in ophthalmology and eye surgery are met. Many scrub techs come to our centers with a wide range of outside experience, either learning from the military, transferring from one of our clinical offices as ophthalmology technicians, or they bring with them previous job experience with other surgery centers or hospitals with multiple specialties. Prospective surgical technicians currently have many different avenues available to them to enter the medical field, and this bill would limit those who are interested in entering the medical field.

Patient safety and infection control are high priorities in our organization. Our outcomes of low infection rates and high standards of care are proven by our success rates. We follow the highest quality control standards set forth by AORN and AAMI guidelines. By our surgical techs and entire surgical teams following our set protocols and educational standards of care we have achieved a surgical site infection rate that is way below national averages. Our surgical techs are

educated on location and include having a 1:1 mentor until they have reached specific milestones and are ready to scrub independently. Many of our surgical techs have used the experience they have gained at our facilities to go on to nursing school, higher-level jobs with large ophthalmology vendors, and within our VIP Platform.

Ambulatory surgical centers are experiencing extreme difficulties in hiring qualified surgical technicians. In Pennsylvania, where there is already a mandated certification requirement, we have found it extremely difficult to fill vacant surgical tech positions. In one specific instance, we had a center that had an open vacancy for approximately 18 months before we had a qualified candidate in the surgical tech schooling process. She was hired before completing her certification, as there were no other qualified candidates. This vacancy due to the mandate was a huge hardship to the surgical team. Had there not been a mandate requiring certification, the vacancy could have been filled promptly and would not have had such a huge impact on the entire team.

Requiring surgical technologists to be certified will not only cause hardships to the surgical teams experiencing staffing shortages, but it will also further limit many opportunities for individuals hoping to enter the surgical tech workforce. For these reasons, Vision Innovation Partners is asking for an unfavorable report on Senate Bill 874.

Jennifer Knopp RN

Jennifer Knopp, RN

Director of Surgical Services
Chesapeake Eye Surgery Center, LLC
Vision Innovation Partners
Cell: 410.353.8491
jknopp@vipeyes.com



Senate Bill 874 Position Paper_Oppose.pdf

Uploaded by: Andrea Hyatt

Position: UNF

Senate Bill 0874 – Hospitals and Ambulatory Surgical Facilities – Surgical Technologists

Position: *Oppose*

March 6, 2024

Senate Finance Committee

Maryland Ambulatory Surgery Association Position

Senate Bill 0874 would prohibit ambulatory surgical centers and hospitals from hiring a surgical tech who has not completed a specified program, and create more roadblocks to the already existing shortage existing in the state's operating rooms.

Surgical technologists, also known as operating room technicians, work alongside and assist surgeons, nurses, and other members of the health care team throughout a surgical procedure. They are responsible for the sterility of an operating room and the organization of the room and its contents. They assure all the necessary instruments, implants and medical supplies are present for the surgery, and accounted for after the surgery is completed. They are responsible for the equipment to be in working order prior to the commencement of a surgical procedure.

There are various ways one can enter the profession which programs at community colleges, vocational schools, universities, hospitals, ambulatory surgical centers, workforce intermediary programs like EARN, high schools, and the military. These various options for entering the health care workforce enables those with different life experiences to become a successful, and integral part of a health care team. These jobs often lead to higher level jobs such as supervisory roles or specialization of an operating room team for certain procedures or specialties of medicine.

Currently, ambulatory surgery centers are experiencing a vacancy rate of 16 percent higher than vacancy rate than that of licensed nurses. Limiting the options for entering the surgical tech profession would make this situation worse and likely to limit opportunities for individuals wanting to enter the health care workforce as well as, promote early retirement for those towards the latter part of their career.

Addressing Maryland's health care workforce shortages requires creative solutions that meet individuals as they enter the workforce, and ensures all providers are practicing at the top of their scope of practice, and creating career pathways. Limiting entry options for surgical techs is counterproductive to these initiatives.

For these reasons, we ask for an unfavorable report on Senate Bill 0874.

Children's National Testimony - SB 874 - Lori Crow

Uploaded by: Austin Morris

Position: UNF



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Lori Crowder, MHA, BSN, RN, CNOR, FACHE
Executive Director, Perioperative Services
Children's National Hospital
before
Senate Finance Committee
IN OPPOSITION OF
SB 874: Hospitals and Ambulatory Surgical Facilities – Surgical Technologists
March 7, 2024**

Chairwoman Beidle, Vice Chair Klausmeier and members of the committee, thank you for the opportunity to provide written testimony in opposition to Senate Bill 874. My name is Lori Crowder, and I am the Executive Director of Perioperative Services at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers, and regional outpatient centers in Annapolis, Frederick, Fulton, Rockville, Silver Spring and our newest location in Lanham, Maryland.

Senate Bill 874 would prohibit hospitals and ambulatory surgical facilities in Maryland from employing surgical technologists unless they successfully complete an educational program nationally accredited by the Commission on Accreditation of Allied Health Education Programs or the Accrediting Bureau of Health Education Schools for Surgical Technologists and holds a certified surgical technologist credential administered by a nationally recognized surgical technologist certifying body.

In recent years, states have passed legislation to oversee the surgical technologist profession. Few states require both graduation from an accredited program and certification. This requirement will further contribute to the surgical technologist shortage and limit the availability of agency technologists to help mitigate workforce shortages in hospitals and

surgery centers. For example, we have a 26% vacancy rate of surgical technologists at our main hospital and an even higher rate of 34-40% at our Ambulatory Surgical Centers in Maryland. It should also be noted that without similar requirements in the District of Columbia and Virginia, technologists who do not meet the Maryland requirements will seek employment in our neighboring states. Alternatively, baseline educational requirements and annual continuing educational requirements while allowing certification to be determined by the employer have been enacted in many states.

For these reasons, we request an **unfavorable report** on Senate Bill 874. Thank you for the opportunity to submit testimony. I am happy to respond to any questions you may have.

NCCT MD SB0874 Witness Testimony.pdf

Uploaded by: Dana Van Laeys

Position: UNF



March 6, 2024

SB0874 Testimony

RE: SB0874- Please do Not pass this legislation; Continue to allow ALL qualified Surgical Technologists to practice in Maryland.

Dear Senator West and Finance Committee members,

This correspondence is accompanied with the highest regard for everything you do for the people you have sworn to represent and with the belief that you honorably serve with the best of intentions.

Regarding SB0874, I'd ask that you please leave room to consider that limiting the number of qualified and competent professionals available to enter any healthcare field is not in the public's best interest, especially in the current climate. I am contacting you on behalf of the National Center for Competency Testing and the stakeholders in Maryland and other states that are affected by a healthcare workforce shortage of competent and qualified surgical technologists that will be further exacerbated by restrictive legislation. We hope to help Maryland avoid unintentional consequences that other states have faced. Similar legislation gets introduced state by state and has a negative impact on surgical facilities and surgical technologists alike by creating a bottleneck which accentuates a workforce shortage in an already stressed medical system.

- It exacerbates existing staffing shortages by creating more roadblocks for employers to recruit and adequately staff their operating rooms, while limiting qualified practitioners' ability to practice and be contributing members of Maryland's healthcare workforce.
- This impact is of particular concern with vulnerable rural patient populations, where an active shortage of qualified surgical technologists already poses an obstacle to providing care in those underserved communities.
- Facilities already have to hire travelling surgical technologists to maintain staffing quotas, and this is not a sustainable model.

Such legislation in Oregon (HB3596) increased shortages and led to DEI issues, especially in rural areas, driving them to pass an emergency apprenticeship bill. Virginia had to use clean-up legislation (HB2222) to reinstate educational pathways that were blocked with prior legislation.

There are some nuances in the language of SB0874 concerning educational pathways and certifications that you'll likely want to consider.

The SB0874 language will lead to unintended consequences as it constructs:

- **'Barriers to Entry'** ("educational program nationally accredited by..." **forcing an Associate's Degree** level training when it is **neither necessary nor required to do the job**) for the field of surgical technology, which would exacerbate an already stressed healthcare system by constricting operating facilities' ability to hire competent and qualified surgical technologists. Surgical technology has not needed to be an Associate's Degree level training for years. Many fully qualified and competent surgical technologists in today's workforce have been successfully, safely, and competently performing their duties without a dictated path to learning--many were taught and trained by colleges with institutional level accreditation, hospital based programs, OJT, apprenticeships, other certificate level programs, etc.; none of these programs

will ever be able to attain CAAHEP or ABHES program accreditation, thereby eliminating those pathways of learning the skills needed for surgical technology and creating unnecessary Barriers to Entry in the field. We'd like to work with you to help remove those barriers and continue to allow all competent and qualified surgical technologists the right to practice in Maryland.

- **'Restraint of Trade'** components of which you are likely unaware. The entity that has introduced similar legislation state to state is directly affiliated with only one of the two NCCA-accredited certification programs. This bill writes that this entity has to grant recognition of the certifying body in language "and recognized by..."

It is within the **best interest** of surgical hiring facilities **to halt this legislation** and leave employment decisions in their capable hands instead of legislating who they can and cannot employ, especially amidst a very real healthcare workforce shortage (see Senate HELP committee hearing notes and Oregon and Virginia for real world examples). If you do choose to continue with this piece of legislation, amendments are indeed necessary to support the healthcare workforce, specifically current and future surgical technologists. Just in case this moves forward, we have approached the bill patrons with proposed amendments that accomplish two crucial objectives:

1. Improve and protect a sustainable future of the healthcare workforce by recognizing legitimate and safe pathways to becoming a surgical technologist (apprenticeships, hospital-based programs, training in facilities with accreditation from USDOE/CHEA recognized accreditors, etc.).
2. Remove roadblocks to recruitment and retention of qualified and competent surgical technologists for health care facilities.

Thank you for your time and for considering this information before the pre-amended language in SB0874 limits your constituents' access to qualified medical professionals (by default, limiting some of those qualified constituents' right to practice in their surgical technology field). Please feel free to contact me with any questions.

Respectfully,

Dana Van Laeys, MA Ed, MLS(ASCP)^{CM}MB^{CM}, CLS

Sr. Vice President, Education Success and Government Affairs

National Center for Competency Testing

HB1006 & SB0874 - UMMS - 3.24.pdf

Uploaded by: Kristin Bryce

Position: UNF



TO: Health & Government Operations Committee
Delegate Joseline A. Pena-Melnyk, Chair
March 6, 2024

Finance Committee
Senator Pamela Beidle, Chair
March 7, 2024

FROM: Kristin J. Bryce, SVP Chief External Affairs Officer
University of Maryland Medical System

RE: House Bill 1006 and SB0874 - Hospitals and Ambulatory Surgical Facilities – Surgical Technologists

POSITION: Unfavorable

The University of Maryland Medical Center (UMMC) appreciates the opportunity to comment on House Bill 1006. HB 1006 would prohibit hospitals and ambulatory surgical centers from hiring a surgical tech who has not completed a specified program.

Surgical Technologists (STs), also called operating room technicians, assist in the preparation of the operating room for the nearly 29,000 operative procedures done at our 2 locations. STs assist by reviewing the surgeon preference list and conferring with the circulating nurse to gather appropriate equipment. They may assist with preoperative preparation of patients under the oversight of the circulating nurse, such as skin preparation, draping and positioning. They assist the surgeon throughout the surgical procedure by handing instruments to the surgeon, receiving specimens, and accounting for all instruments and needles on the sterile field. They are a critical part of the team providing surgical care to our patients.

While UMMC recruits STs from multiple sources, the pool of experienced techs in the current Baltimore City marketplace is limited and in 2018 UMMC began a series of apprenticeship programs to address the shortage and provide career opportunities for our current employees and the surrounding community. These are a combination of certificate programs with community colleges, a partnership with the Edmondson Westside High School

UNIVERSITY of MARYLAND MEDICAL SYSTEM

University of Maryland Medical Center • UMMC Midtown Campus • UM Baltimore Washington Medical Center • UM Capital Region Health • UM Bowie Health Center
UM Laurel Regional Hospital • UM Prince George's Hospital Center • UM Charles Regional Medical Center • UM Shore Medical Center at Easton
UM Shore Medical Center at Dorchester • UM Shore Medical Center at Chestertown • UM St. Joseph Medical Center • UM Upper Chesapeake Medical Center
UM Harford Memorial Hospital • UM Rehabilitation & Orthopaedic Institute • Mt. Washington Pediatric Hospital

National Center for Competency Testing (NCCT) Certified program, and online programs such as Med Certs.

All of these apprenticeships prepare our trainees for certification through NCCT.

UMMC currently has 70 budgeted ST FTEs and a current vacancy rate of 41%. Currently there are 12.8 FTEs of Surgical Tech Trainees in apprenticeship programs that will reduce this rate to 25% over the next several months. UMMC plans to begin the next wave of trainees with another large cohort in the late spring / early summer to continue to address this high vacancy rate.

Addressing Maryland's health care workforce shortages requires creative solutions that meet people where they are as they enter the workforce, ensure all providers are practicing at the top of their license, and creating career pathways. Limiting entry options for surgical techs is counterproductive to these initiatives. The restrictions that HB 1006 and SB0874 will place on UMMC will make these apprenticeship programs obsolete and will be detrimental to patient care in Baltimore City. It will also be detrimental to the people in the Baltimore community who have used our apprenticeship program as the starting point for careers in health care.

For these reasons, we ask for an unfavorable report on HB 1006 and SB0874

SB 874- Hospitals and Ambulatory Surgical Faciliti

Uploaded by: Pegeen Townsend

Position: UNF



Senate Bill 874- Hospitals and Ambulatory Surgical Facilities – Surgical Technologists

Position: *Oppose*
March 7, 2024
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment on Senate Bill 874. SB 874 would prohibit hospitals and ambulatory surgical centers from hiring a surgical tech who has not completed a specified program.

Surgical technologists, also called operating room technicians, work alongside and assist surgeons, nurses, and other members of the health care team throughout a surgical operation. They are responsible for keeping the environment in an operating room sterile and well-organized. They need to make sure all are present for the surgery, and accounted for after the surgery is done. Their common tasks and duties can be split into three phases: before the operation (preoperative), during the surgical operation (intraoperative), and after the operation (postoperative).

Prospective surgical techs currently have multiple ways to enter the profession. There are programs at community colleges, vocational schools, universities, hospitals, workforce intermediary programs like EARN, high schools, and the military. Having multiple options to enter the health care workforce enables those with different life experiences to become a successful part of a health care team. The jobs are also often the beginning of a pathway to higher level jobs or specialization.

Today, hospitals are experiencing a surgical tech vacancy rate of 18%– the highest vacancy rate across the hospital workforce. Narrowing options to enter the surgical tech profession would worsen vacancies and likely to limit opportunities for individuals wanting to enter the health care workforce.

Addressing Maryland's health care workforce shortages requires creative solutions that meet people where they are as they enter the workforce, ensure all providers are practicing at the top of their license, and creating career pathways. Limiting entry options for surgical techs is counterproductive to these initiatives.

For these reasons, we ask for an *unfavorable* report on SB 874.

For more information, please contact:
Pegeen Townsend, Consultant
Ptownsend@mhaonline.org

2024 SB874 Surgical Technologists.pdf

Uploaded by: Deborah Brocato

Position: INFO



Opposition Statement SB874

Hospitals and Ambulatory Surgical Facilities -Surgical Technologists
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB874.

On behalf of our over 200,000 followers across the state, Maryland Right to Life opposes SB874 being used for the purpose of supplying staff for the abortion industry workforce, and we oppose any funds appropriated from this bill being used to fund staff for the abortion industry. Maryland Right to Life requests an amendment excluding abortion purposes from this bill.

Abortion facilities are ambulatory surgical facilities, and a surgical technologist could be used to assist a “qualified provider” as described in the Abortion Care Access Act of 2022 who provides abortion services. Page 3 of this bill lists exclusions from this bill, and we request that abortion purposes be added to that list with an amendment.

Abortion is not healthcare. Pregnancy is not a disease. Maryland Right to Life will continue to object to state-sponsored abortion. The fact that 85% of OB/Gyn’s in a representative national survey do not perform abortions reveals that abortion is not an essential part of women’s healthcare. Women have better options for comprehensive healthcare. Abortion is the opposite of healthcare, especially for the black community where half of all pregnancies to black women in Baltimore City end by abortion.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court held that government may distinguish between abortion and other procedures in funding decisions and that there is “no limitation on the authority of the State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.” The 2023 Marist poll once again showed that 60% of Americans, both pro-life and pro-abortion, oppose tax-payer funded abortion.

Without an amendment excluding abortion purposes from this bill, Maryland Right to Life requests an unfavorable report on SB874.