



March 4, 2024

HB1006 Testimony

RE: HB1006- Please do Not pass this legislation; Continue to allow ALL Qualified Surgical Technologists to practice in Maryland.

Dear Delegates Guzzone, S. Johnson, Lopez, White Holland, and all other Health and Government Operations 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 HB1006, 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 HB1006 concerning educational pathways and certifications that you'll likely want to consider.

The HB1006 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 HB1006 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