



**Ohio House Health Committee  
HB 196 Proponent Testimony  
National Surgical Assistant Association / Association of Surgical Assistants**

**David Jennette, Chief Administrative Officer, NSAA  
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Chairman Lipps, Vice Chair Holmes, Ranking Member Russo, and members of the Ohio House Health Committee, thank you for the opportunity to testify today. My name is David Jennette and I am the Chief Administrative Officer for the National Surgical Assistant Association—an organization with over 1,600 nationally Certified Surgical Assistant members. I am also testifying on behalf of our partner the Association of Surgical Assistants, which is another membership organization comprised of an additional 1,600 Certified Surgical Assistants. NSAA / ASA’s membership is split between two very similar types of surgical assistant professionals: the Certified Surgical First Assistant, credentialed by the National Board of Surgical Technology and Surgical Assisting, and the Certified Surgical Assistant, credentialed by the National Commission for the Certification of Surgical Assistants.

I live in Suffolk, Va. and am a 1987 graduate of Eastern Virginia Medical School’s Surgical Assistant Program. I have been a practicing Surgical Assistant in Virginia and the Metro DC area for the past 33 years, and am licensed as a Surgical Assistant in both jurisdictions.

While many of you have a background in healthcare, I still feel it is important to briefly describe the evolution of the surgical assistant profession because I have observed it first-hand over the past several decades. Surgical assistants stand across the operating table from the surgeon, actively facilitating a safe and expeditious surgical operation by helping to provide exposure, maintain hemostasis, and by routinely performing other highly-invasive technical functions on the patient.

The American College of Surgeons (ACS) supports the concept that, ideally, the surgical assistant at the operating table should be a qualified surgeon or resident. If such assistants are not available, other physicians who are experienced in surgical assisting should participate. ACS recognizes that it may be necessary to utilize non-physicians as surgical assistants. As such, they recommend that these non-physician surgical assistants meet national credentialing standards and be regulated by the appropriate state or local authority.<sup>1</sup>

ACS guidance helps highlight the need to establish minimum training and education requirements for individuals entering into the surgical assistant profession. Throughout my tenure, I can tell you that although the role of the surgical assistant has not changed over the years, the level of experience associated with individuals practicing in the profession has evolved. Across the U.S., we have seen instances of unqualified individuals practicing in the

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<sup>1</sup> <https://www.facs.org/about-ac/s/statements/stonprin#ig>.

profession, which of course can have a detrimental impact on patient care and can lead to adverse outcomes. The need for regulation ultimately comes down to enhancing patient safety, which is a fundamental goal of ACS as well as NSAA / ASA, and helps guide the creation of their principals and overall philosophy (as well as our own). The number of states that have begun to recognize and regulate surgical assistants has also increased significantly over the past two decades. Attached to my testimony is a list of regulated states, many of which are near Ohio.

At present, Ohio does not recognize or regulate surgical assistants. Anyone can practice and assist the surgeon in the operating room, even with zero training / experience. Without regulation, there is no way to ensure adequate education, training, or clinical competency of those currently practicing as surgical assistants in Ohio. For example, there are currently no professional consequences in Ohio for a surgical assistant who causes patient harm; surgical assistant licensure would establish accountability if an adverse event occurs in the operating room. HB 196 ensures that at a minimum, surgical assistants hold a certificate in surgical assisting from one of the two nationally recognized credentialing bodies. The hands-on, specialized and invasive nature of this profession justifies the minimum licensure requirements proposed in HB 196, which is why we strongly support the bill and encourage you to as well.

Please note that HB 196 does not leave any healthcare professionals behind. It exempts Physicians Assistants and Registered Nurses from the licensure requirement. It allows any surgical assistant who has practiced in the last 6 months to automatically qualify for a license. (We would support extending this timeframe to one year or more).

It also addresses potential staffing shortages at some of Ohio's small, rural hospitals by allowing those hospitals to seek a waiver from the proposed HB 196 licensure requirement if located in a physician shortage area. And there are plenty of affordable educational opportunities—some of which are online—that allow individuals seeking to practice in the profession to receive a credential expeditiously with minimal challenge / expense.

We strongly support HB 196, which would ensure a minimum degree of education and training for professionals working on patients alongside a surgeon in the operating room. Thank you for the opportunity to testify. I would be happy to answer any questions.



David Jennette, CSA, LSA  
Chief Administrative Officer  
National Surgical Assistant Association  
1775 Eye Street, NW, Suite 1150  
Washington, DC 20006  
855-270-NSAA Toll Free  
202-870-3910 Cell  
[davidjennette@nsaa.net](mailto:davidjennette@nsaa.net)



## Surgical Assistant Regulated States

There are several states with regulatory legislation regarding Surgical Assistant practice in the United States. The states are listed below along with references to the bills that created the regulations, and web links to the governmental body that regulates the profession in those states.

TEXAS - [Licensure \(HB1183\)](#)

<https://statutes.capitol.texas.gov/Docs/OC/pdf/OC.206.pdf>

WASHINGTON, D.C. - [Licensure \(Title 17, District of Columbia Municipal regulations\)](#)

<https://www.dcregs.dc.gov/Common/DCMR/RuleList.aspx?ChapterNum=17-80>

ILLINOIS - [Registration](#) | [Reimbursement](#) | [Recoupment](#)

<https://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2470&ChapAct=225%26nbsp%3BILCS%26nbsp%3B130%2F&ChapterID=24&ChapterName=PROFESSIONS+AND+OCCUPATIONS&ActName=Registered+Surgical+Assistant+and+Registered+Surgical+Technologist+Title+Protection+Act%2E>

KENTUCKY - [Certification \(SB206\)](#)

<https://www.nsa.net/wp-content/uploads/2016/09/Kentucky-SA-Statute.pdf>

COLORADO - [Registration \(HB1630\)](#)

<https://drive.google.com/file/d/0B-K5DhxXxjZbajA3VVIRNENDVVE/view>

VIRGINIA - [Licensure \( HB 1084\)](#) Effective July 1, 2020

<https://lis.virginia.gov/cgi-bin/legp604.exe?201+ful+CHAP1222+pdf>

NEBRASKA - [Licensure \(LB721\)](#) Effective Jan. 1, 2017

<https://www.nsa.net/wp-content/uploads/2016/09/Nebraska-SA-Regulation.pdf>

NEW HAMPSHIRE - [Registration \(RSA-I\)](#) | [Application](#)

<http://www.nsa.net/wp-content/uploads/2016/07/New-Hampshire-Registration-of-Medical-Technicians.pdf>

TENNESSEE - [Registration \(RSA\)](#) | [Application](#)

<https://publications.tnsosfiles.com/acts/110/pub/pc0410.pdf>