

**Ohio House of Representatives Health Committee**  
**House Bill 196 Proponent Testimony**  
**Bianca Chin M.D., FACS Plastic and Reconstructive Microvascular Surgeon**  
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Chair Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the Ohio House Health Committee, my name is Bianca Chin and I am a Board Certified Plastic and Reconstructive Microvascular surgeon. I specialize in breast reconstruction after treatment for breast cancer with a focus on microvascular autologous breast reconstruction. I completed my surgical residency and fellowship training at the University of Pennsylvania in Philadelphia, Pennsylvania.

An experienced surgical assistant is invaluable in my operating room for the successful execution of my surgical cases. Surgical assistants are not just “retractor holders.” My surgical assistant is not only responsible for positioning patients for surgery, ensuring all necessary equipment is in the room, and knowing my routine and preferences during the operation—but also must have the advanced skills and education to adapt to the ever-changing situation during surgery. I expect my surgical assistant to be able to anticipate the steps of the procedure. They work alongside me to achieve hemostasis of the wound, placement and securing of drains, maintaining exposure and visualization of the operative area throughout the procedure and the complex closure of surgical wounds to expedite the operations.

Surgical assistants are as valuable in the operating room (if not more) as nursing first assists, physician assistants, and other mid-level providers currently licensed in Ohio. The state should establish minimum training and education for these practitioners based purely on the nature of their job and the tasks they perform on patients. Paired with a national certification and required continuing education credits, licensure is a marker demonstrating minimum competency of a surgical assistant, and this is why I support House Bill 196. A surgical assistant’s baseline skill and training has a direct impact on patient care and patient outcome. Currently, there is no way to know if a surgical assistant new to a facility has a problematic track record or performed poorly or unsafely at their previous location. Implementing SA licensure through the State Medical Board would help regulate and track such information, thereby ensuring hospitals hire only qualified surgical assistants.

Thank you for the opportunity to submit this testimony and I would be happy to address any questions from the committee in future correspondence.

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