



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

**Certified Surgical Assistant Sari Murray (SW Ohio)
March 1, 2022**

Chair Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the Ohio House Health Committee, thank you for the opportunity to testify today. My name is Sari Murray, and I am a practicing surgical assistant in the SW Ohio area. I am testifying on behalf of surgical assistants statewide to reiterate our support for HB 196 and offer an update on the substitute version of this legislation.

Sub. HB 196 is a product of collaboration between our bill sponsors, NSAA / ASA, and the State Medical Board. It is intended to better align the proposed surgical assistant licensure framework with other existing health care professions, which will enhance consistency across Board-issued professional licenses (i.e., physician assistants, registered nurses, respiratory care professionals, genetic counselors, dieticians, etc.), and reduce the overall cost of implementation. Importantly, the sub bill maintains the spirit of the initial as-introduced version; it still creates a minimally burdensome requirement that all new surgical assistant professionals obtain a national certification in surgical assisting prior to practicing on a patient. Under HB 196, surgical assistants need not achieve anything beyond national certification (typically earned in under one year at minimal cost often paid by the employer). And the bill continues to grandfather existing surgical assistant practitioners, as well as registered nurses and physician assistants.

Over the course of this General Assembly you have heard proponent testimony and other expressions of support from the national surgical assistant associations, numerous OH-based surgical assistants and surgeons, as well as surgical assistant instructors. I have attached to this written testimony a memorandum addressing all outstanding questions posed by House Health Committee Members to date during consideration of HB 196. To avoid duplicating previous remarks, I seek to briefly emphasize the following:

- We do not believe HB 196 would cause workforce issues for Ohio's hospitals or otherwise minimize the available pool of surgical assistants.
 - Many (if not most) Ohio Hospitals appear to already require national certification. See Appendix A to the attached memorandum for more information.
 - Currently there are few job openings for surgical assistants across Ohio. See Appendix B to the attached memorandum for more information.
 - The data outlined in Appendices A and B appear to indicate that the surgical assistant workforce in Ohio is generally strong. Taken together with the HB 196 grandfathering language exempting all current practitioners, we are confident HB 196 would not introduce any workforce impediments for hospitals or surgery centers.

- In addition to surgical assistants and instructors, you have heard proponent testimony from a handful of practicing surgeons in Ohio. Robust support for HB 196 by a diverse group of health care professionals refutes the idea that this bill is a “solution in search of a problem.” In addition, we do not have access to internal hospital records or incident reports, but we suspect this data would demonstrate the need for HB 196.¹ HB 196 would create a system to track surgical assistants and generate the necessary information to ensure employers only hire qualified surgical assistant professionals.
- We continue to have a consistent, underlying objective: to ensure all surgical assistants in Ohio—who routinely engage in invasive, hands-on tasks alongside the surgeon—receive a minimal degree of education and training prior to practicing on a patient. Currently, although individuals may obtain a certification in surgical assisting and employers may require certification for employment, such training / education is legally optional.

Thank you for the opportunity to testify. I would be happy to answer any questions.

¹ Also see Response to Question 9 in the attached Memorandum.



M E M O R A N D U M

To: Ohio House of Representatives, Health Committee
The Honorable Scott Lipps, Chair

From: NSAA / ASA (Associations of Surgical Assistants)

Date: March 1, 2022

Re: HB 196 (Surgical Assistant Licensure) / Answers to Committee Questions

Thank you for your diligent consideration of House Bill 196. Over the last year House Health Committee members have posed numerous thoughtful questions regarding licensure for Ohio surgical assistants. We respond in writing below to those most frequently asked:

1. How does a licensure requirement for Ohio surgical assistants serve the state's public interest and increase the quality of patient care?

Currently, Ohio law does not require a minimal degree of education or training to practice as a surgical assistant and engage in the invasive, hands-on tasks routinely completed by these healthcare professionals. Although individuals may obtain a certification in surgical assisting and employers may require certification for employment, such training / education is legally optional. HB 196 would require that all surgical assistants maintain a certification from one of the two nationally recognized credentialing bodies to ensure patient safety.

2. Does HB 196 impose additional licensure requirements on top of the certification mentioned above? Is there a difference between "licensure" and "certification?"

HB 196 would require that future surgical assistants obtain a license issued by the State Medical Board to practice on a patient. The proposed licensure requirement is not intended to create any additional obligations beyond certification. Under HB 196, a surgical assistant would qualify for a license if they hold the appropriate certification. The legislation also includes a "grandfathering" provision allowing anyone who has practiced as a surgical assistant in the last six months to automatically qualify. (It similarly exempts registered nurses and physician assistants).

3. In the operating room, who currently provides oversight over surgical assistants? Does the surgeon? Does the hospital share any responsibility? If the surgeon and/or hospital is responsible for the surgical assistant, why is HB 196 necessary?

Each hospital, surgery center and medical practice is set up differently. Surgical assistants can be directly employed by a hospital, or they can work on a contract basis with their staffing team. Many hospital-employed surgical assistants fall under nursing services and the nurse in the room supervises the surgical assistant. In other instances, surgical assistants are credentialed by the

medical staff, where surgeons are ultimately responsible for their surgical assistant and whoever sponsored the surgical assistant in the surgeon's credentialing package.

Although there is typically a licensed, supervising physician in the operating room, they often leave at the conclusion of the procedure and allow the assistant to wrap-up / complete final tasks. Hence, as practicing Ohio surgical assistant Ms. Sari Murray explained in her proponent testimony, there are instances in which surgical assistants practice without direct supervision.

In addition, Ohio surgeons do not always have complete control over their operating team. The hospital or surgery center may at times fill the surgeon's staffing needs, and under these circumstances, surgeons are not aware of their assistant's education and training background, or level of experience.

4. Doesn't the surgeon, hospital, or medical staff carry insurance? Aren't there legal remedies that offer patients an additional layer of protection, should an adverse event occur?

The surgeon, hospital, or medical staff may carry insurance to cover a surgical assistant's mistakes. But importantly, both insurance and litigation-related remedies are only available after an adverse event occurs. As our Associations have emphasized in other states, public healthcare policy should seek to prevent adverse events in the operating room altogether, rather than merely allowing a patient to receive compensation after being harmed.

5. How many surgical assistants in Ohio are already certified? How many are not?

At present, approximately 420 surgical assistants hold a certification in Ohio. However, there is currently no statewide reporting mechanism for the certification of surgical assistants and, as a result, it is not entirely clear how many surgical assistants practice without certification. HB 196 would address this issue and regulate our profession—ensuring adequate reporting and access to more robust occupational data.

6. What are the typical duties of a surgical assistant? Is there any difference between a surgical assistant and a surgical tech?

A surgical assistant works closely with surgeons in the operating room during a surgical procedure. They anticipate the needs of the surgical team during an operation. Surgical assistants are responsible for assisting in positioning a patient, making secondary incisions, clamping and tying blood vessels, providing exposure of a surgical site, closing wounds, securing dressings/drains, and splinting/casting limbs for orthopedic surgical procedures. All these tasks require specialized skills and an in-depth knowledge of anatomy and physiology, as well as a robust understanding of the steps of each surgical procedure.

A surgical technologist is responsible for surgical equipment management and preparing the operating room. They are not trained to operate on a patient alongside a surgeon and should not serve as a surgical assistant without additional training. For more information on the duties of a surgical assistant, please see the proponent testimony of OH Surgical Assistant Sari Murray.

7. What is the type of training required for Certification? What training opportunities currently exist? What is the associated cost?

Under HB 196, prospective surgical assistants may utilize one of two nationally-recognized certifying bodies that offer credentialing in surgical assisting—the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or the National Commission for Certification of Surgical Assistants (NCCSA).

The NBSTSA issues certification for Certified Surgical First Assistants (CSFA) and NCCSA issues certification for Certified Surgical Assistants (CSA). Both bodies require completion of an accredited program in surgical assisting and satisfactory performance on the national certifying examination. CSAs and CSFAs generally maintain their certification by earning 38 hours of approved continuing education in a two-year period or by successfully retaking the certifying examination at the conclusion of the two-year period. The cost of taking the exam and obtaining a certificate or re-certification is low (\$100-\$400).

There are currently two accredited brick and mortar schools in Ohio (UC Claremont and Stark State) that offer education / training programs in surgical assisting. There are numerous others available to Ohioans that offer online courses to adequately prepare students for either national exam mentioned above. These programs take roughly one year to complete and cost approximately \$2k-\$5k (often paid by the employer).

8. Is there any practical difference between a Certified Surgical Assistant and a Certified Surgical First Assistant?

No, they both require the same accredited training with the only difference being the body that credentials them.

9. Can you provide statistical data or other documented evidence of patient harm resulting from an unqualified surgical assistant in the operating room?

This has been a common request from lawmakers in Washington DC and other states across the country: demonstrate the risk of patient harm. Unfortunately, it is difficult because of a lack of access to data. Hospitals likely generate incident reports and collect other case information, but such is not compiled for public consumption and would not likely differentiate between certified and non-certified surgical assistants. We cannot provide the number of cases in which a surgical assistant has been involved because there is simply no publicly available data; it stays within the hospital / surgery center. In other states, we have demonstrated patient harm through surgical assistant testimonials. We have compiled examples from Ohio and elsewhere articulating in detail instances of patient harm resulting from unqualified surgical assistants.

10. Can the threat of litigation discourage unqualified surgical assistants from practicing?

Not in our experience. As stated above, the important reforms proposed by HB 196 seek to codify credentialing requirements to prioritize patient safety and well-being for all Ohioans. Malpractice lawsuits tend to target the “big fish,” including hospitals and physicians—the lawsuits typically omit surgical assistants, who face minimal professional disciplinary action upon the occurrence of an adverse surgical event.

11. Would requiring licensure keep people out from the profession?

No. Experienced surgical assistants who have been practicing within the state would be eligible for a license without certification.

12. Would HB 196 create workforce issues for hospitals or increase their burden in finding qualified employees to staff the operating room?

With public safety being the foundation of all medical procedures, surgeons require expert assistance from responsible and clinically skilled individuals to carry out a safe and successful surgical operation. Many (if not most) of Ohio’s hospitals already require a surgical assistant to possess the training and education required for national certification. For more information, see Appendix A to this memorandum, which highlights surgical assistant job openings across Ohio—all of which already require national certification.

In addition, our research indicates that while there are numerous job openings across the state for *surgical technologists*, there are very few for *surgical assistants*. (See Appendix B to this memorandum for more specific information). The data outlined in Appendices A and B appear to indicate that the surgical assistant workforce in Ohio is generally strong. Taken together with existing internal employer requirements and the HB 196 grandfathering language (exempting all current practitioners), we are confident HB 196 would not introduce any workforce barriers.

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I would be happy to discuss any questions at the Committee’s convenience.

David Jannette, CSA, LSA
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Appendix A

National Certification Already Required

Bethesda North Hospital (TriHealth), Cincinnati

FT Senior Surgical Assistant

Education Required: Graduate of an approved technical, professional, or vocational program; BLS/CPR certification; certification as one or more of the following: SA-C, CSA, PA-C, CSFA, CRNFA

<https://careers.trihealth.com/job/Montgomery-SENIOR-SURGICAL-ASSISTANT-OPERATING-ROOM-FT-SHIFT-VARIES-OH-45242/820296600/>

Anderson Surgery Center (TriHealth), Cincinnati

FT Surgical Assistant I

Education Required: Graduate of an approved technical, professional, or vocational program; BLS/CPR certification; Professional certification (CRNFA, SA-C, CSFA, PA-C, CSA) must be obtained within 2 years from date of employment.

<https://careers.trihealth.com/job/Anderson-SURGICAL-ASSISTANT-I-SURGERY-CENTER-OH-45230/822405500/>

McCullough Hyde Memorial Hospital (TriHealth), Oxford

FT Surgical Assistant I

Education Required: Graduate of an approved technical, professional, or vocational program; BLS/CPR certification; Professional certification (CRNFA, SA-C, CSFA, PA-C, CSA) must be obtained within 12 months from date of employment.

<https://careers.trihealth.com/job/Oxford-SURGICAL-ASSISTANT-I-FT-DAY-SHIFT-OH-45056/824799200/>

The Christ Hospital, Cincinnati

FT Surgical Assistant

Education: 2 Years college or specialty school in surgical assisting; must be certified by one of the following: NSAA, CFA, PA-C, CRNFA; if not currently certified, must obtain certification within 1 year of employment; BLS required

<https://pm.healthcaresource.com/CS/christhospital/#/job/15375>

University of Cincinnati

FT Surgical Assistant

Education required: Certification from NSAA, CFA, PA-C, or CRNFA

<https://uchealth.taleo.net/careersection/external/jobdetail.ftl?job=068365>

Kettering Health, Dayton/Beavercreek/Kettering

FT Surgical Technician FA

Requirements: Two years of college and/or must have attended a specialty course for surgical assisting; certified first assistant—must be certified in an approved Surgical Assistant program (CFA, SCS, CRNFA, or PA-C) within the first 12 months of employment.

<https://careers-ketteringhealth.icims.com/jobs/32388/bonus---surgical-technologist-first-assistant-%28ft%2c-days---8%27s%29-kettering-dayton/job>

Grant Medical Center, Ohio Health, Columbus

Certified Surgical First Assist

Requirements: High School or GED, BLS, CST, Graduate of approved ST program with a certification as a CST and CSFA or SA-C

<https://ohiohealth.wd5.myworkdayjobs.com/en-US/OhioHealthJobs/job/Grant-Medical-Center/Certified-Surgical-First-Assist--Grant-Medical-Center-JR43397>

Highland District Hospital, Hillsboro

Certified First Assist FT

Requirements: Completion of an approved program for surgical first assistants and certification

https://www.salary.com/job/highland-district-hospital/certified-first-assist-ft/eca6c281-7312-4b21-8ff6-9875f52353af?utm_campaign=google_jobs_apply&utm_source=google_jobs_apply&utm_medium=organic

Akron General Medical Center

Surgical Assistant ASC

Requirements: Graduate of an accredited Surgical Assistant program OR RNFA course, BLS, CSFA

<https://jobs.clevelandclinic.org/job/akron/surgical-assistant-asc/27575/21732057216>

Cleveland Clinic Mercy Hospital, Canton

First Assistant Generalist (FT)

Requirements: Graduate of an accredited school of nursing, surgical assistant program, or first assistant program; currently licensed/certified as an RN, First Assistant, or Surgical Assistant, CPR or BLS

<https://jobs.clevelandclinic.org/job/canton/first-assistant-generalist/27575/23035400880>

Marietta Memorial Hospital

Surgical Assistant (FT)

Requirements: Certification as a surgical technologist with a minimum of 3 years of experience as a surgical tech and certification as either a surgical assistant or surgical first assistant from a surgical assistant program, BLS

<https://us61e2.dayforcehcm.com/CandidatePortal/en-US/mhssystem/Site/CANDIDATEPORTAL/Posting/View/3499>

Portage Medical Center, Ravenna

Surgical Assistant (PRN)

Requirements: Graduate completion from an accredited Surgical Assistant Program; current national certification (NBSTSA or NCCSA)

<https://us61e2.dayforcehcm.com/CandidatePortal/en-US/mhssystem/Site/CANDIDATEPORTAL/Posting/View/3499>

University Hospitals Samaritan Medical Center, Ashland

RNFA, PA or SA (FT)

Requirements: Graduate from accredited SA program, RNFA program, or PA program; Current national certification (NBSTSA or NCCSA), RNFA authorized to practice prior to 4/1/98 and holds CNOR cert as of 10/1/98, OR active PA license with state of ohio.

<https://careers.uhhospitals.org/job/13366307/rnfa-pa-or-sa-samaritan-or-full-time-sign-on-bonus-ashland-oh/#toggle-id-2>

Appendix B

Job Openings for
Certified Surgical Tech (CST)
vs
Certified Surgical Assistant (CSA)

(March 1, 2022)

TriHealth Cincinnati
CST-1
CSA-3

Mercy Health Cincinnati
CST-11
CSA-4

Mercy Health Toledo
CST-8
CSA-0

Mercy Health Youngstown
CST-5
CSA-0

Mercy Health Lima
CST-1
CST-0

Mercy Health Boardman
CST-1
CSA-0

Mercy Health Batavia
CST-1
CSA-0

Mercy Health Tiffin
CST-1
CSA-0

Mercy Health Defiance
CST-1
CSA-0

Mercy Health Lorain
CST-1
CSA-0

The Christ Hospital Cincinnati
CST-10
CSA-3

Beacon Orthopaedics Cincinnati/Dayton
CST-1
CSA-1

University of Cincinnati/ UC West Chester
CST-23
CSA-3

Cincinnati Children's Hospital
CST-9
CSA-1

Premier Health, Dayton
CST-26
CSA-2

Kettering Health, Kettering, Dayton, Beavercreek
CST/FA-4
CSA-0

Dayton Children's Hospital
CST-2
CSA-0

Ohio Health, Columbus Area
CST-38
CSA-3

Adena Health System, Chillicothe, Washington CH
CST-4
CSA-0

Lima Memorial Health System
CST-1
CSA-0

Nationwide Children's Hospital, Columbus
CST-1
CSA-0

Mt. Carmel, Columbus Area
CST-5
CSA-0

Avita Health System, Galion
CST-2
CSA-0

University of Toledo
CST-5
CSA-0

Cleveland Clinic, Akron
CST-5
CSA-1

Cleveland Clinic, Avon
CST-2
CSA-0

Cleveland Clinic Mercy Hospital, Canton
CST-8
CSA-2

Cleveland Clinic Main Campus
CST-12
CSA-0

Cleveland Clinic Medina Hospital
CST-2
CSA-0

Holzer Gallipolis
CST-3
CSA-0

Holzer Medical Center, Jackson
CST-1
CSA-0

King's Daughters Medical Center Ohio, Portsmouth
CST-1
CSA-0

Magruder Hospital, Port Clinton
CST-1
CSA-0

Marietta Memorial Hospital
CST-3
CSA-2

Mercer Health, Coldwater
CST-1
CSA-0

OhioHealth Berger Hospital, Circleville
CST-1
CSA-0

OhioHealth Marion General Hospital
CST-3
CSA-0

OhioHealth O'Bleness Hospital, Athens
CST-1
CSA-0

ProMedica Defiance Regional Hospital
CST-1
CSA-0

Selby General Hospital, Marietta
CST-1
CSA-0

Southeastern Ohio Regional Medical Center, Cambridge
CST-1
CSA-0

Southern Ohio Medical Center, Portsmouth
CST-1
CSA-0

University Hospitals Samaritan Medical Center
CST-0
CSA-1

Wood County Hospital, Bowling Green
CST-1
CSA-0

WVU Medicine-Harrison Community Hospital, Cadiz
CST-1
CSA-0