

COMMONWEALTH OF PENNSYLVANIA

HOUSE OF REPRESENTATIVES

PROFESSIONAL LICENSURE COMMITTEE

ROOM G-50, IRVIS OFFICE BUILDING

HARRISBURG, PENNSYLVANIA

WEDNESDAY, APRIL 11, 2018

9:03 A.M.

BEFORE:

HONORABLE MARK MUSTIO, MAJORITY CHAIRMAN
HONORABLE HARRY READSHAW, MINORITY CHAIRMAN
HONORABLE ROSEMARY BROWN
HONORABLE GARY DAY
HONORABLE KEITH GILLESPIE
HONORABLE SUE HELM
HONORABLE DAVID HICKERNELL
HONORABLE JERRY KNOWLES
HONORABLE ZACHARY MAKO
HONORABLE STEVE MENTZER
HONORABLE JAMES SANTORA
HONORABLE CURT SONNEY
HONORABLE TIM BRIGGS
HONORABLE CAROLYN COMITTA
HONORABLE DAN DEASY
HONORABLE WILLIAM KORTZ
HONORABLE JOANNA MCCLINTON
HONORABLE ADAM RAVENSTAHL

*Pennsylvania House of Representatives
Commonwealth of Pennsylvania*

1 COMMITTEE STAFF PRESENT:

2 WAYNE CRAWFORD
3 REPUBLICAN EXECUTIVE DIRECTOR

4 KELLY ROTH
5 LEGISLATIVE ADMINISTRATIVE ASSISTANT

6 MARLENE WILSON
7 DEMOCRATIC EXECUTIVE DIRECTOR

8 KEONTAY HODGE
9 LEGISLATIVE ADMINISTRATIVE ASSISTANT

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

I N D E X

TESTIFIERS

* * *

<u>NAME</u>	<u>PAGE</u>
STEPHANIE WHALUM DIRECTOR OF GOVERNMENT AFFAIRS, ASSOCIATION OF SURGICAL TECHNOLOGISTS	8
DR. MATTHEW SOUDER BOARD CERTIFIED SURGEON and CHAIRMAN OF DEPARTMENT OF SURGERY, WELLSPAN EPHRATA COMMUNITY HOSPITAL	16
JENNIFER PETERSON, CST, FAST PRESIDENT, PA STATE ASSEMBLY OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS	18
ERIN WHITE-MINCARELLI, PhD ASSISTANT PROFESSOR OF SURGICAL TECHNOLOGY, MONTGOMERY COUNTY COMMUNITY COLLEGE	22
GARY J. GOWER, CST, CSFA	25
SCOTT BISHOP SENIOR VICE PRESIDENT OF LEGISLATIVE ADVOCACY	41
ROBERT G. SHIPP, III, MSHSA, RN, NEA-BC VICE PRESIDENT, POPULATION HEALTH STRATEGIES	44

SUBMITTED WRITTEN TESTIMONY

* * *

(See submitted written testimony and handouts online.)

P R O C E E D I N G S

* * *

1
2
3 MAJORITY CHAIRMAN MUSTIO: Good morning,
4 everyone. I just want to remind the members of
5 the Committee that we are being televised. I
6 would like to call the meeting of the House
7 Professional Licensure Committee to order.

8 The first order of business is for Kelly
9 to take the roll.

10 (Whereupon, the roll was taken.)

11 MAJORITY CHAIRMAN MUSTIO: We have
12 members that will be coming and going because of
13 other activities in the Capitol this morning.
14 We're holding this public hearing to take
15 testimony on HB 1805, legislation which would
16 establish education and certification
17 requirements for surgical technologists.

18 At this time, I would like to recognize
19 the prime sponsor of the legislation,
20 Representative Judy Ward, for some opening
21 comments.

22 Welcome to the Committee.

23 REPRESENTATIVE WARD: Good morning.

24 Thank you, Chairman Mustio and Chairman
25 Readshaw.

1 The legislation that we're talking about
2 this morning would create a certified surgical
3 technologist standard for newly practicing
4 surgical technologists. Surgical technologists
5 are essential members of the operating room
6 team, responsible for setting up and managing
7 complex surgeries, the surgical equipment,
8 instruments and supplies throughout the surgery,
9 managing specimens, such as skin grafts and
10 organs and overseeing the sterile integrity of
11 the operating room itself. This includes
12 hundreds of instruments, that are used in even
13 the most basic of surgeries.

14 Remarkably, despite their critical role
15 during surgeries, surgical technologists are the
16 only member of a surgical team who are not
17 required to meet a minimum threshold of
18 competency requirements. As many of you know,
19 I'm a nurse by training. I've never worked in
20 an operating room, but I have worked in a
21 recovery room. So I understand what we're
22 talking about here this morning.

23 When a loved one is in a surgical
24 procedure, we all want to know that the very
25 best team has been assembled to carry out the

1 operation, and that is my goal with HB 1805. As
2 we said before, despite their critical role
3 during surgery, surgical technologists are the
4 only member of a surgical team who are not
5 required to meet a minimum threshold of
6 competency.

7 That's not to say that some of our
8 practicing surgical technologists in
9 Pennsylvania are not the best in their field.
10 Of the estimated 3900 surgical technologists
11 currently employed in Pennsylvania, 1700 hold
12 the certified surgical technologist or the CST
13 credential.

14 HB 1805 looks to move all surgical
15 technologists in the same direction. My bill
16 provides a grandfather provision for all of the
17 existing surgical technologists, while requiring
18 the CST credential for all new surgical
19 technologists hired, as well as a continuing ed
20 component for all surgical technologists. I'm
21 very cognizant of providing for maximum patient
22 safety while in surgery, while at the same time
23 trying not to create the additional burden of
24 registration, licensure and increased costs.

25 I think the certification proponent in

1 HB 1805 will accomplish that very goal. I know
2 that just because other states move in certain
3 policy directions, we don't always follow suit.
4 But seeing the results of at least nine other
5 states that have adopted the model, I think it's
6 a necessary patient-safety provision that
7 deserves our attention here in Pennsylvania.

8 I thank you so much for your
9 consideration of HB 1805. Thank you.

10 MAJORITY CHAIRMAN MUSTIO: Thank you,
11 Representative Ward.

12 I would also like to recognize
13 Representatives Santora and Knowles.

14 At this time, I would ask the PA
15 Assembly of the Association of Surgical
16 Technologists panel to come forward. We'll have
17 to redirect, I think, some of the microphones to
18 your seats. If you could come on up.

19 I think we have Dr. Matthew Souder,
20 Jennifer Peterson, Gary Gower, Erin
21 White-Mincarelli and Stephanie Whalum.

22 Was I close?

23 The only thing I would ask is if you
24 could pull a microphone in front of each of you.
25 There's a button you push to turn it on. If you

1 pull it close to you, we'll be able to hear you
2 better.

3 Is there someone who is going to kind of
4 take the lead here?

5 Okay. And if you could introduce
6 yourself to us. We don't have any name plates
7 up there, I don't believe.

8 MS. WHALUM: Thank you, Chairman Mustio
9 and Chairman Readshaw.

10 MAJORITY CHAIRMAN MUSTIO: Would you
11 pull the microphone closer to you, please?

12 MS. WHALUM: I'm sorry.

13 Chairman Mustio and Chairman Readshaw,
14 thank you, and members of the Committee, for
15 allowing us have this hearing today and for the
16 opportunity to shed light on this important
17 legislation, which is necessary to ensure that
18 Pennsylvania's surgical patients are being
19 served by the most competent members of the
20 surgical technology profession.

21 My name is Stephanie Whalum. I'm the
22 Director of Government Affairs for the
23 Association of Surgical Technologists, AST. We
24 are located in Colorado. I'm joined today by
25 members of our local chapter, which is the

1 Pennsylvania State Assembly of the Association
2 of Surgical Technologists.

3 There are over 106,000 surgical
4 technologists nationwide, with about 3900
5 practitioners here in Pennsylvania. I'm going
6 to briefly overview the white paper that's
7 included in your committee packet, that AST put
8 together on this bill. Then I would be followed
9 by giving you some individual perspective of our
10 panel members, Dr. Matthew Souder, who is a
11 board certified surgeon; Jennifer Peterson, who
12 is the administrative director of a surgery
13 center here in Pennsylvania; Erin White, who is
14 a professor for a surgery technology program;
15 and Gary Gower, who is a board certified
16 surgical technologist.

17 MAJORITY CHAIRMAN MUSTIO: And if I
18 could just interrupt quickly, we have this room
19 for an hour, so I would encourage you to maybe
20 summarize and do some bullet points so that
21 members can get some questions asked, as well.

22 MS. WHALUM: Okay.

23 MAJORITY CHAIRMAN MUSTIO: Okay. Thank
24 you.

25 MS. WHALUM: AST, our national

1 organization, is a national non-profit
2 organization that represents the interests of
3 over 62,000 surgical technologists who hold the
4 CST, the certified surgical technologist
5 credential.

6 And as Representative Ward stated, there
7 are about 1600 CSTs here in Pennsylvania. A
8 surgical technologist is involved in every
9 surgery, from cataract to open heart. They are
10 often referred to as scrub techs. They are
11 allied health professionals, and they work under
12 the supervision of the surgeon. They serve as
13 the surgeon's co-pilot.

14 And among their many functions, they
15 provide instruments and supplies to the surgeon
16 during surgery and must constantly anticipate
17 the surgeon's needs and think many steps ahead
18 because ever minute that a patient is in surgery
19 increases the risks related to anesthesia and
20 bleeding. The surgical tech also operates
21 complex equipment. They handle human specimens.

22 And most importantly, they have to
23 execute very precise actions, known as sterile
24 technique. They do this in order to keep the
25 immediate surgical area sterile and to protect

1 the patient from infection. A truly competent
2 surgical technologist must have a working
3 knowledge of human anatomy, surgical procedures
4 and numerous instrumentation in order to assist
5 the surgeon during invasive procedures.

6 As Representative Ward stated, despite
7 this critical role during surgeries, these
8 professionals are the only members of a surgical
9 team who are not required to have any minimum
10 threshold competency requirements. And in the
11 interest of patient safety, we believe that
12 surgical technology, this profession, demands
13 standards.

14 HB 1805 is meant to establish some
15 standards. It is sort of three components that
16 we would like to see for new surgical
17 technologists entering the work force. One,
18 that they complete a nationally accredited
19 surgical technology program. Two, that they
20 successfully pass the national certification
21 examination. And three, that they keep up with
22 15 hours of continuing education each year.

23 A nationally accredited surgical
24 technology program provides a rigorous
25 comprehensive curriculum. And most importantly,

1 it provides extensive clinical experience.
2 These sorts of skill sets cannot be acquired
3 through non accredited programs or achieved
4 through on-the-job training. Right now, there
5 are 27 accredited programs here in Pennsylvania,
6 graduating an average of about 500 surgical
7 techs each year.

8 The curriculum of the accredited
9 programs also target the development of critical
10 thinking skills, which are essential in a fast
11 pace surgical environment. And the national
12 exam tests the critical thinking skills, as
13 well. Again, the exam testing for -- what do
14 you call it -- giving you the certification and
15 demonstrating your work force competence.

16 So this bill would apply to newly hired
17 surgical techs. The existing work force would
18 not be disturbed. They would be grandfathered
19 in, so long as you were practicing in the two
20 years leading up to the law going into effect.

21 The American College of Surgeons has
22 officially come out in support of AST and of
23 surgical technologists. Their statement, and I
24 quote, they support adequate education and
25 training of all surgical technologists, the

1 accreditation of all surgical technology
2 education programs and the examination for
3 certification of all graduates of surgical
4 technology educational programs.

5 The bill before this Committee today has
6 been adopted and successfully implemented in
7 Nevada, Oregon, New York, Tennessee,
8 Massachusetts, New Jersey, Indiana, Texas, South
9 Carolina and Idaho. And then there are
10 registration laws surrounding surgical
11 technology in Arkansas, Virginia, Colorado,
12 Washington and Illinois.

13 Pennsylvania currently requires
14 manicurists, cosmetologists and barbers to be
15 licensed. And as with many States, these
16 professions are understandably regulated, in
17 large part, due to the fact that they are
18 dealing with sterilization practices in the
19 prevention of infection.

20 Because surgical technologists provide
21 direct surgical patient care and their job
22 responsibilities are so explicitly tied to the
23 presentation of surgical infections, they, too,
24 demand a higher level of accountability.
25 Certification is that level.

1 The certification is a minimum
2 competency standard that does not invite the
3 costs associated with association or licensure.
4 The requirements stated in HB 1805 would be
5 enforced as part of the regular health care
6 facility oversight process. Our model
7 represents the least intrusive regulation
8 available and has not resulted in a fiscal
9 impact in any state that has adopted it.

10 Moreover, with respect to wage concerns,
11 the Bureau of Labor Statistics indicates no
12 correlation between higher wages and the
13 regulation of this profession. Instead, the
14 wages appear to be in keeping with the cost of
15 living. The State of Pennsylvania would not be
16 tasked with having to certify surgical
17 technologists.

18 The National Board of Surgical
19 Technology and Surgical Assisting, which is also
20 located in Colorado, is the body that
21 administers the exam and confirms the CST
22 credential. Hospitals would simply have to
23 verify a candidate's certification when hiring.

24 Furthermore, because the CST is a
25 national certification, it is portable for any

1 certified practitioner that would be relocating
2 to Pennsylvania. Similarly, with the continuing
3 education requirement, those credits are tracked
4 by the same organization, the National Board,
5 and the surgical technologists would simply need
6 to report completion of those hours to their.
7 The employer simply keeps that information on
8 file.

9 In conclusion, the policy goal of HB
10 1805 is to establish these objective competency
11 standards. They would serve as the hiring
12 criteria for all future surgical technologists.
13 We are aware that some hospitals in
14 Pennsylvania, or should I say some health care
15 facilities, do prefer to hire certified surgical
16 technologists. And a few may even require or
17 encourage it for purposes of advancement.

18 This indicates that those employers do
19 see a value in a credentialed surgical
20 technology staff. However, this falls short of
21 creating a standard, a necessary standard.
22 HB 1805 seeks to set that standard.

23 Surgical patients do not have the
24 privilege of choosing their surgical support
25 team, but this legislation would help to ensure

1 that patients in every operating room in
2 Pennsylvania are in the most capable hands
3 across every surgical team member.

4 On behalf of AST's national office and
5 our Pennsylvania State assembly, we thank you
6 for your consideration and ask you to support HB
7 1805.

8 MAJORITY CHAIRMAN MUSTIO: Thank you.

9 I would also like to recognize
10 Representatives Ravenstahl and Deasy are in
11 attendance.

12 Who is up next?

13 MS. WHALUM: Dr. Matthew Souder.

14 MAJORITY CHAIRMAN MUSTIO: Again,
15 keeping your eye on the clock, please.

16 DR. SOUDER: Chairman Mustio,
17 Chairman Readshaw, I appreciate the opportunity,
18 as well as the Committee members, to come and
19 speak with you. I will keep my comments brief.

20 My name is Matthew Souder. I am a
21 licensed general surgeon, board certified. I
22 will be in practice for a total of six years as
23 of August of 2018. I am currently employed by
24 WellSpan Medical Group. I work at Ephrata
25 Community Hospital, where I am the chairman of

1 the Department of Surgery there.

2 I would also like to add that I am
3 giving my testimony here today of my own
4 volition. I'm not acting as a representative
5 for Ephrata Community Hospital or WellSpan
6 Health. These views are solely my own.

7 I have the unique perspective, in that I
8 was originally trained as a surgical
9 technologist at Pennsylvania College of
10 Technology up in Williamsport. I graduated from
11 the program with a certificate in surgical
12 technology, and I obtained my certification, the
13 CST, the Certified Surgical Technologist, from
14 the National Board of Surgical Technology and
15 Surgical Assisting.

16 After completing that program, I worked
17 full-time for three years and then, actually,
18 six years part-time before I started my clinical
19 rotations in medical school. I feel very
20 strongly that all members of the operating room
21 team undergo formal education and certification
22 appropriate to their level of skill.

23 Not only does this ensure that we as a
24 team are providing good patient care, it also
25 helps ensure that we are providing a safe and

1 competent team in the operating room. I think
2 we would all agree that the goal is to provide
3 not only a standard of care, but also good and
4 safe care. This, in my opinion, HB 1805, helps
5 achieve this goal. I reiterate the fact that
6 surgical technologists are the only members of
7 the operating room team that are not required at
8 this point by law to adhere to a set of
9 standards, in terms of educational training and
10 post graduate certification and maintenance.

11 It is my firm brief that all members of
12 the operating room team be held to a set of
13 standards and educational and continuing
14 educational requirements that are appropriate to
15 their level of training. Thank you.

16 MAJORITY CHAIRMAN MUSTIO: Thank you.

17 MS. PETERSON: Chairman Mustio,
18 Chairman Readshaw, members of the Committee, I
19 find it an honor and privilege to speak with you
20 this morning with regards to HB 1805. My name
21 is Jennifer Peterson. I'm a certified surgical
22 technologist. I've been certified for 25 years.

23 I began my journey in the United States
24 Navy as a certified surgical technologist and
25 climbed my ranks up the civilian health care

1 arena to become an administrative director at
2 the Western PA Surgery Center in Wexford,
3 Pennsylvania, Allegheny County. We're a
4 freestanding surgery center, both privately
5 owned and fully physician-owned.

6 As the administrative director, I
7 conduct the interviewing process for potential
8 candidates to be employed at our facility. I
9 find this opportunity at times to be rewarding
10 yet challenging, since the decisions I make in
11 the staff hiring will have a direct impact on
12 the surgical outcome of our patients.

13 Most of the health care professionals
14 who become employed at our facility present
15 credentials by the means of registration or
16 licensure that is required for them to practice
17 their position. However, surgical technologists
18 in the State of Pennsylvania require no
19 credentials at all, yet they are integral
20 members of the surgical team, being required to
21 know the procedures and instrumentation used by
22 the surgeons and able to anticipate the next
23 move in order for those cases to go smoothly and
24 efficiently.

25 The goal is to anticipate the next move

1 of the surgeon. And I find the surgical
2 technologist educated through an credited
3 program, who has sat for and successfully passed
4 the CST certification exam, they provide a
5 broader base of knowledge and understanding of
6 surgical procedures, sterile technique, and most
7 importantly, the standards and procedures that
8 govern patient safety.

9 At the surgery center, I'm also
10 responsible for the annual budget at my
11 facility. Despite the expense, we invest in all
12 of our employees, making sure our surgical
13 technologists are certified because we know it
14 ensures that we are providing the utmost quality
15 of surgical care for our patient community.
16 Now, more than ever, the increase in the number
17 of patients that are paying out of pocket for
18 their health care expenses has increased
19 exponentially.

20 I see this on a daily basis, patients
21 coming into our surgery center having here
22 deductibles, higher responsibilities for their
23 co-insurances and their co-payments. Their
24 out-of-pocket expenses have soared in the past
25 few years.

1 Patients are becoming more educated
2 about their health care and their health plans
3 because maintaining their physical health is
4 costing them more financially. Our patients
5 need to know they are receiving the best care,
6 because after all, they are paying for it.

7 Requiring health care facilities to hire
8 a certified surgical technologist supports
9 patient safety. One of the biggest factors in
10 the surgery center is we're responsible and
11 required, on a yearly, quarterly and annual
12 basis, to report to a quality reporting system.
13 We also support our non-certified techs in
14 getting their certification. And our surgeons
15 also encourage them to educate themselves.

16 We want our patients to know that our
17 health care staff is competent and have the
18 credentials to prove that they are. If we fall
19 short by not supporting the education of
20 surgical technologists, we are falling short of
21 quality. Again, thank you to the members of the
22 Committee.

23 Chairman Mustio and Chairman Readshaw,
24 it's been a pleasure speaking here today.
25 Please support HB 1805 and the positive impact

1 it will bring to the health care community, as
2 well as the patients it serves.

3 Thank you.

4 MAJORITY CHAIRMAN MUSTIO: Thank you.

5 MS. WHITE-MINCARELLI: Good morning.

6 Thank you, Chairman Mustio and
7 Chairman Readshaw, and members of the Committee,
8 for the opportunity to address this important
9 issue. My name is Erin White-Mincarelli, and I
10 have been a certified surgical technologist for
11 18 years.

12 I spent many years in the operating room
13 before moving into academia. For the past 12
14 years, I've served as the program coordinator
15 and assistant professor for the surgical
16 technology program at Montgomery County
17 Community College in Pottstown and Blue Bell,
18 Pennsylvania.

19 As an educator of future surgical
20 technologists, the focus is always on the
21 standards of practice, in regards to aseptic
22 technique and sterility as Stephanie mentioned.
23 Aseptic is defined as free from contamination
24 caused by harmful bacteria, viruses and other
25 microorganisms. In surgical practice, it refers

1 to the complete exclusion of harmful
2 microorganisms in order to protect the patient
3 from infection, and it is the foundational
4 principle of surgical technology.

5 Credentialing of health care workers,
6 such as the certification of surgical
7 technologists, is accepted as the universal
8 connection between education, skill and safe
9 patient care. Operating room team members
10 include surgeons, anesthesiologists, registered
11 nurses and surgical technologists.

12 Surgeons, for example, must complete an
13 undergraduate degree, an M.D. degree, clinical
14 internship, residency program and pass a series
15 of licensing examinations. Physician assistants
16 and registered nurses also complete a rigorous
17 education with extensive skill development,
18 clinical practice and licensing examinations.

19 This begs the question, why then would a
20 surgical technologist, given their critical role
21 in the surgical procedure, not be held to the
22 same high standard?

23 Through their individual educations:
24 Surgeons learn how to perform the surgical
25 procedure; nurses learn how to provide patient

1 care; surgical technologists learn the surgical
2 procedure, patient care, as well as
3 instrumentation and aseptic technique. As
4 educators, we are simply not just teaching the
5 how, but we are teaching the why.

6 I instill in my students the idea that
7 anybody could probably be taught how to set up a
8 surgical case through on-the-job training and
9 perform as long as the case is going well. It's
10 a surgical technologist, who is properly
11 educated through an accredited program, who
12 knows how to respond and what to do to ensure
13 patient safety when something goes wrong in
14 regards to the procedure, the instrumentation or
15 the patient.

16 In on-the-job training, the standards
17 sometimes get lost in the trickle down effect.
18 And there's a good chance that those standards
19 are not communicated at all, which puts the
20 patient at risk. The ability to understand the
21 rationale behind each patient care activity is
22 critical.

23 The surgical technology profession will
24 exponentially grow in the next few years as baby
25 boomers age and become surgical patients.

1 Wouldn't you find comfort in knowing that the
2 surgical technologist in the operating room with
3 yourself, your family or your friends has
4 successfully completed an accredited program
5 which conforms to educational standards, has
6 earned certification through successful
7 completion of the national certifying exam and
8 is required to complete a specific number of
9 continuing education credits each year to
10 maintain certification?

11 Ultimately, the certification sought
12 through HB 1805 would improve patient safety by
13 establishing a standard for surgical technology
14 practice. Mandatory education and certification
15 requirements for surgical technologists would
16 enhance the quality of patient care by having
17 educated, credentialed, knowledgeable, skilled
18 people at the surgical field every day, every
19 case.

20 Thank you.

21 MAJORITY CHAIRMAN MUSTIO: Thank you.

22 MR. GOWER: Chairman Mustio,
23 Chairman Readshaw, members of the Committee,
24 thank you for this hearing on HB 1805. My name
25 is Gary Gower. I've been a board certified

1 surgical technologist for 32 years. Every four
2 years, I renew my certification by completing at
3 least 60 hours of continuing education.

4 Continuing education serves to keep me
5 current in my field by keeping me updated on new
6 techniques, technologies and safe patient care.
7 Accredited schools of surgical technology
8 prepare students for entering into practice by
9 teaching them the latest in science and
10 technology and helping them to develop their
11 critical thinking skills.

12 Both accredited schools and continuing
13 education programs emphasize the best practices
14 for surgical technologists. I would like to
15 share with you a story that occurred a few years
16 ago that I was involved with that demonstrates
17 improperly trained people in the operating room.

18 One day, my supervisor came to me and
19 asked me to go immediately to the labor and
20 delivery room. A patient had just given birth
21 to a son and was now hemorrhaging profusely.
22 She delivered by cesarean section, a surgical
23 procedure for delivering a baby.

24 The person was trained on the job to do
25 one procedure only, the c-section. She had no

1 education beyond that. So when the c-section
2 was finished, the baby was delivered and now
3 she's hemorrhaging. They needed to do an
4 emergency hysterectomy. So this person had no
5 idea what to do next because she was taught to
6 do one procedure only.

7 Any way, a long story. I scrubbed in.
8 I helped her. The physician completed the
9 operation. The patient did survive, but lost a
10 tremendous amount of blood. In this situation,
11 the patient's life was at risk because somebody
12 was trained on the job and did not know what to
13 do when things went wrong. Okay.

14 So again, accredited schools provide
15 students with a structured, broad-based
16 education in a variety of surgical specialties
17 and help them to develop their critical thinking
18 skills. And when hired, these practitioners
19 provide a safer environment for the patient.

20 Physicians and nurses and most other
21 health care providers in the State are required
22 to meet some minimum standard of education and
23 credentialing, but as you've heard, surgical
24 technologists do not. Employers are free to
25 hire whomever, to function in the role of the

1 surgical technologist.

2 As a board certified surgical
3 technologist and potential surgical patient, I'm
4 asking you, the Committee, to please consider HB
5 1805 and the positive impact that it would have
6 on surgical patient care in Pennsylvania if
7 enacted. Chairman Mustio, Chairman Readshaw,
8 the Committee members, thank you for this
9 opportunity to come before you today and speak
10 on this matter.

11 Thank you.

12 MAJORITY CHAIRMAN MUSTIO: Thank you
13 very much for your testimony.

14 I want to recognize Representative Day
15 as being in attendance, and Chairman Gillespie,
16 as well.

17 We have questions.

18 Representative Kortz.

19 REPRESENTATIVE KORTZ: Thank you,
20 Mr. Chairman. Thank you all for your testimony
21 this morning.

22 Stephanie, you mentioned, I believe,
23 that there are 6,000 certified technologists
24 nationwide; is that correct?

25 MS. WHALUM: 106,000.

1 REPRESENTATIVE KORTZ: 106,000, okay. I
2 misheard you.

3 And how many in the State of
4 Pennsylvania, 1700?

5 Did I hear that right?

6 MS. WHALUM: 3900 practitioners, and
7 1700 of those possess the CST certified surgical
8 technologist credential.

9 REPRESENTATIVE KORTZ: Okay. So we have
10 a number of folks in this State that do not have
11 those credentials?

12 MS. WHALUM: Correct.

13 REPRESENTATIVE KORTZ: Okay. And this
14 thing of on-the-job training really bothers me.
15 I mean, I've heard a lot of you say that today.
16 It's very, very concerning to me, personally.

17 I know myself, if I was in an operating
18 room, I would want everybody in there trained.
19 I mean, it's alarming to me that I've heard this
20 today.

21 One last question, if I may,
22 Mr. Chairman.

23 The accredited schools, I believe you
24 said 27 schools --

25 MS. WHALUM: Correct.

1 REPRESENTATIVE KORTZ: -- in
2 Pennsylvania?

3 MS. WHALUM: Correct.

4 REPRESENTATIVE KORTZ: Okay. So it
5 covers the geography of the State of
6 Pennsylvania?

7 MS. WHALUM: It does.

8 REPRESENTATIVE KORTZ: Okay. Thank you,
9 Mr. Chairman.

10 MAJORITY CHAIRMAN MUSTIO:
11 Representative Comitta.

12 REPRESENTATIVE COMITTA: Thank you,
13 Mr. Chairman. Thank you, everyone, for being
14 here today.

15 Erin, you used the words, these facts
16 beg the question. In one of my questions, I
17 wrote, this entire testimony begs the question,
18 what has prevented surgical technicians from --
19 in Pennsylvania -- from being required to have
20 minimum standards and training the past?

21 It certainly sounds like something that
22 fell through the cracks somehow, and that is
23 very important to address. I'm very happy that
24 we're talking about it today.

25 But why is this something we're talking

1 talking about today and not 20 years ago, for
2 example?

3 MS. WHALUM: I've been with the AST --
4 thank you, Dr. Souder -- for a couple of years
5 now, and this is the first time, during my
6 tenure, so to speak, that we have approached
7 Pennsylvania. I know that before me, some of
8 the members of our local State assembly were
9 very much interested in doing it. I'm not sure
10 -- I think that Jennifer can probably speak to
11 why that didn't take off the way it should have,
12 but we go state by state, AST does, and try to
13 get this passed.

14 Pennsylvania has not been a state for me
15 that we tried and didn't succeed. It was just a
16 matter of getting to this State and wanting to
17 cover more states in this region, you know, New
18 York, New Jersey, Massachusetts. We sort of
19 wanted to fill in the map with that. So it
20 wasn't as if we tried and didn't succeed here.
21 It was just a matter of timing of when we got
22 here.

23 REPRESENTATIVE COMITTA: Thank you.

24 MS. WHALUM: Sure.

25 MAJORITY CHAIRMAN MUSTIO: Okay. Thank

1 you.

2 MS. WHALUM: And I'm not sure if you
3 wanted to add anything about --

4 MS. PETERSON: I did.

5 MS. WHALUM: -- the previous efforts.

6 MS. PETERSON: Sure. I've actually been
7 on the Pennsylvania State Assembly now for 10
8 years, and Gary, as well. I think that -- we're
9 elected by our membership -- different
10 leadership have different desires.

11 I know when I was elected as the vice
12 president, my main goal was to make sure that we
13 at least discuss this, and if we had the
14 opportunity to move forward with it, I believe
15 that's the first part. The second part is,
16 being that I'm an administrator of a surgery
17 center, I find it very important for everybody
18 that works at our facility to have some kind of
19 certification, registration, licensure, whatever
20 was required of them. It's important to me
21 because of the quality of our patient care.

22 MAJORITY CHAIRMAN MUSTIO: Thank you.

23 Representative Knowles.

24 REPRESENTATIVE KNOWLES: Thank you,
25 Mr. Chairman. And thank you to the five

1 testifiers who've agreed to be here and testify.

2 Gary, in terms of the example that you
3 used, so you as a certified surgical
4 technologist, you work under the direction of
5 the surgeon, of the doctor; is that correct?

6 MR. GOWER: That is correct. Direct
7 supervision, yes.

8 REPRESENTATIVE KNOWLES: Okay. So I'm
9 guessing what happened was, when the incident
10 took place with the person who was delivering,
11 the medical doctor determined that that person
12 did not have the experience or the skill to do
13 what they were calling you to do.

14 MR. GOWER: That is correct. She was
15 kind of just frozen in place, because now
16 there's a tremendous amount of bleeding
17 occurring and she didn't know what to do, simply
18 because she had limited surgical training and
19 did not have the knowledge to know, you know,
20 the appropriate response and instrumentation
21 that was needed or the steps of the procedure.

22 REPRESENTATIVE KNOWLES: So when she was
23 there trying to do her job -- I'm just trying to
24 figure, if she went through the necessary
25 training to do that job, to do the job of -- I

1 keep looking here -- a certified surgical
2 technologist?

3 MR. GOWER: She was trained on the job
4 to scrub for a c-section. Plus, also, her other
5 duties were non-surgical. Okay. So she was
6 working in that department. She was an LPN,
7 actually.

8 So what they did is they taught a couple
9 of their LPNs to scrub for c-sections only
10 because they were already in the department.
11 And when those things occur, sometimes they're
12 urgent. So I think most hospitals probably
13 trained them, kind of like surgical techs, are
14 trained, you know. They give them exposure to
15 other surgical procedures in their training, so
16 that they are prepared when things go wrong or
17 unexpectedly.

18 REPRESENTATIVE KNOWLES: Well, thank you
19 so much for explaining that to me. I've got to
20 be honest with you, that's a little bit scary.
21 That's a bit scary. So thank you so much for
22 your testimony.

23 MAJORITY CHAIRMAN MUSTIO: Thank you,
24 Representative Knowles.

25 We have two more questions from members.

1 Then Chairman Readshaw and I are going to close
2 it out, and we'll get our next panel up here.

3 Representative Day; then we're going to
4 go to Representative Helm.

5 REPRESENTATIVE DAY: Thank you,
6 Mr. Chairman. And thank you all for being here
7 and your testimony, and Representative Ward, as
8 well, for bringing this forward.

9 Licensure is intended to regulate or
10 require a minimum standard of training for
11 anything that we look at. You guys might not
12 even know this, but do insurance companies
13 require that a hospital or surgical center have
14 this type of -- the training from NBSTSA or the
15 CST?

16 MS. PETERSON: Insurance companies do
17 not. Health care insurance companies, general
18 liability insurance companies, that's not a
19 requirement. I will tell you, though, from the
20 standpoint of an ambulatory surgical center, the
21 accreditation, AAAHC, all of our techs are
22 required to have gone to an accredited surgical
23 technology school.

24 REPRESENTATIVE DAY: Mr. Chairman, I
25 came late to this hearing. I don't know if it

1 was talked about earlier, but did they go
2 through and explain to the Committee who they
3 are and what the training is?

4 Like do they start as a nurse and then
5 get this on top of that, or is this just a tech
6 position?

7 Did they already do that?

8 MAJORITY CHAIRMAN MUSTIO: They have, I
9 think, basically, done that in their position
10 paper that they had.

11 REPRESENTATIVE DAY: Okay. If they
12 haven't, if they could provide that to the
13 Committee, I would appreciate it. Thank you for
14 your answers to my questions. I appreciate
15 that.

16 MAJORITY CHAIRMAN MUSTIO: Thank you,
17 Representative.

18 Representative Helm.

19 REPRESENTATIVE HELM: Thank you,
20 Mr. Chairman.

21 I would just like to talk a little bit
22 more about your continuing education, like
23 you're talking about 15 hours a year.

24 Are they going to be mandated courses or
25 just general courses?

1 Tell me how you plan to do the
2 continuing education. I know that the people
3 that are grandfathered in will also have to take
4 continuing ed from there on out, too.

5 MS. WHALUM: Right. So for members of
6 our organization -- and everyone who has a CST
7 is not necessarily a member of AST. Of the
8 62,000 CST credential holders in the country,
9 42,000 of them are members of our association.
10 So they have access to -- and anyone who would
11 earn the CST going forward -- has access to a
12 wide variety of continuing education courses
13 that are offered live, that are offered online,
14 they are bundled in packages so that they are
15 less expensive.

16 And also, there are the hospitals and
17 the ambulatory surgical centers that offer what
18 are called in services. Those are just sort of
19 training topics that the facility will decide to
20 present, and the surgical technologists and any
21 other medical professionals there can attend
22 those in services. That is also used as credit.

23 These professionals attend different
24 conferences, be it their local conferences or
25 national conferences. They get credit for that.

1 So the credits are pretty easy to come by. When
2 you have the CST credential, you are required to
3 earn 60 credits within a four-year renewal
4 period, so you have time to do.

5 Our education department has determined
6 that surgical techs are spending about \$150 over
7 the course of four years to meet that
8 requirement and the offerings are there. And
9 for people who aren't members of an organization
10 like ours, where they would have access to those
11 sorts of program, there are other online
12 offerings that they can participate in in order
13 to meet those requirements.

14 So there's certainly access to --
15 MAJORITY CHAIRMAN MUSTIO: Thank you.
16 We're going to have to move on.

17 MS. WHALUM: Okay. I was finished.

18 MAJORITY CHAIRMAN MUSTIO: Chairman
19 Readshaw.

20 MINORITY CHAIRMAN READSHAW: Thank you,
21 Mr. Chairman.

22 I would like to thank everyone for
23 testifying today. And since the Chairman said
24 we have some time implications to abide by,
25 Gary, I would just like for you to follow up.

1 Representative Knowles basically asked a
2 question, which I was concerned with, but could
3 you give us, briefly, a definition between the
4 surgical technologist and you were a surgical
5 first assistant.

6 How did you gain that position?

7 Was it experience, accreditation?

8 And also -- and this could go for
9 everyone -- I am of the understanding that you
10 could be assigned to a particular team or when
11 you go to work in the morning, you could just be
12 assigned to any particular operating room.

13 How's that process work?

14 MR. GOWER: Yes. So every day, the OR
15 charge nurse for my particular hospital has
16 assignments for all the nurses and OR nurses and
17 surgical technologists. So we're assigned to,
18 you know, we have 20-plus operating rooms in our
19 hospital, so there will be an operating room
20 nurse and a surgical technologist assigned to
21 each room.

22 In addition, we have surgical first
23 assistants, which is a whole other ball game. I
24 don't want to get into that too much here today,
25 but sometimes they will assign a first assistant

1 to that room, as well. And I fill that role
2 also, so I do two things.

3 Surgical technologists, with advanced
4 training, can function as first assistants.
5 There are accredited schools for that advanced
6 training, and there is certification for that
7 training. So I hold dual certification.

8 MINORITY CHAIRMAN READSHAW: Thank you.

9 And quickly, we don't have to spend a
10 lot of time on this, is there any discipline in
11 place from institution to institution, hospital
12 to hospital or surgical center to surgical
13 center, if somebody does not perform up to par,
14 is there any disciplinary actions that are
15 taken?

16 MR. GOWER: Yes. Each hospital, I think
17 it's pretty much up to them to determine if
18 somebody is not progressing or not doing a very
19 good job. My hospital does have competency
20 standards that they expect for all the surgical
21 technologists; some don't.

22 MINORITY CHAIRMAN READSHAW: Okay.
23 That's fine. Thank you very much. I appreciate
24 it.

25 Thank you, Mr. Chairman.

1 MAJORITY CHAIRMAN MUSTIO: Thank you.

2 I want to thank all of you for your
3 testimony. Gary, when you were talking, the
4 first thing, unfortunately, that came to my mind
5 was the Holiday Inn Express commercial, and
6 that's concerning.

7 So I want to thank Representative Ward
8 for introducing the legislation. I think we've
9 had several, I think, discussions over the last
10 month on different aspects of professions in the
11 operating room that I didn't know existed. So
12 thank you very much.

13 We'll meet with you afterwards and we'll
14 take about a game plan to move forward. Thank
15 you.

16 If we could have Mr. Bishop and his
17 colleague come up, please. You've gone through
18 this drill many times. I was advised today to
19 give you a hard time any way, so --

20 MR. BISHOP: We'll respect your time
21 wishes, for sure.

22 MAJORITY CHAIRMAN MUSTIO: Thank you for
23 coming. I appreciate your patience.

24 MR. BISHOP: Sure. Good morning.

25 Chairman Mustio, Chairman Readshaw,

1 members of the Committee, for those of you who
2 don't know me, I'm Scott Bishop, with HAP. And
3 with me is Rob Shipp, one of our nurse leaders
4 and also our vice president for population
5 health strategies.

6 So Rob is going to talk in detail about
7 some of the points we want to raise in our
8 testimony, but just a couple of things I think
9 it's important to note. First, HAP has not
10 formally taken a position on the legislation at
11 this time. We do have some concerns, and Rob is
12 going to talk in detail about some of those.

13 But there are just two points that I
14 think are important to emphasize. And the first
15 is, we, like Representative Ward, like the folks
16 here, the panel, clearly understand the role and
17 see the role that these folks play as an
18 important part of the surgical process. So
19 there's no dispute there.

20 I think a couple of the questions we
21 have, or just a couple of points to raise, is
22 directly tying certification to quality. We
23 just ask you maybe to consider that when you
24 look at some of the indicators of quality in
25 hospitals, especially with regard to what the

1 CDC looks at as it relates to kind of the
2 indicators, you know, Pennsylvania hospitals
3 actually do better, comparing the facilities
4 across the State in terms of some of the
5 national figures. That's the surgical stuff.

6 And then there are also other aspects of
7 care and hospitals where Pennsylvania hospitals
8 are doing better, as well. And that's largely
9 because hospitals are working together in
10 collaboration to try to focus in on quality and
11 focus in on preventing those kinds of outcomes
12 that, from time to time, happen. So I think
13 that's just one point to emphasize.

14 And the second one is, just after you
15 consider that hospitals aren't hiring folks in
16 their operating rooms willy-nilly -- and I'm not
17 suggesting that was the point made -- but we do
18 have hospitals that have on-boarding processes,
19 they have requirements. Some hospitals, if you
20 look at their tech staff, they're certified.

21 So I mean, I just wanted to kind of
22 emphasize that we do have hospitals focused on
23 this issue, quality, patient care, patient
24 safety, a top priority, a key priority. And as
25 I said, some of the national numbers, the way

1 we're compared, and the way we're assessed,
2 would indicate that that's the case, that we're
3 moving in the right direction in a lot of these
4 kind of key indicators.

5 So with that, I'm going to turn it over
6 to Rob, who is going to talk just through some
7 of the concerns that we have with the
8 legislation, again, with the idea that hopefully
9 we can work with the prime sponsor and the
10 members of the Committee moving forward.

11 MR. SHIPP: Thank you.

12 Thank you, Chairman Mustio and
13 Chairman Readshaw and members of the Committee.
14 I'm well aware of the time, so I will keep my
15 comments on the briefer side.

16 One of the concerns that we have is
17 around this continuing education requirement of
18 15 hours annually, it is a pretty high standard.
19 It's not one that's consistent with other health
20 care disciplines. As a registered nurse, I have
21 to do 30 hours every two years.

22 Most times, when health care providers
23 are required to have a continuing education
24 component, it's every two years. It's not in an
25 individual year. So if you have 14 hours in

1 that year, are you not allowed to practice
2 anymore?

3 That's kind of the concern we have, that
4 it's not standard from what is typically done in
5 health care currently. Also, the 15 hours,
6 which would equate to about 30 hours biannually,
7 puts it on the same level as registered nurses
8 and respiratory therapists and other disciplines
9 that are licensed by licensure bodies.

10 Surgical technologists, in the State of
11 Pennsylvania, are not licensed by any licensure
12 body. So they're not even certified by a
13 Pennsylvania department. Apart from being a
14 registered nurse, I'm also an emergency medical
15 technician.

16 As an emergency medical technician, I
17 have a certification that's through
18 Pennsylvania, and it requires your continuing
19 education. I submit those hours to the
20 Department, and then I get my certification,
21 which I can then use. I'm not required to
22 provide those hours to an employer.

23 And the same as a registered nurse, I
24 have a license. If I work at a hospital, I show
25 the hospital I have my license. I've met all of

1 my continuing education requirements as set
2 forth in that, and I continue to practice. It's
3 up to me to meet the requirements of that
4 license.

5 What HB 1805 does is put a really high
6 burden on hospitals because now they have to
7 essentially serve as one of these boards or
8 these bodies because they have to assure that
9 every one of those hours is one file for that
10 employee, and it's not something that they are
11 currently doing.

12 Another thing that is worth mentioning
13 is that it's our understanding that the
14 certification that is indicated in HB 1805,
15 although it was probably the better
16 certification, it's our understanding that it is
17 not the only certification that is available.
18 If you are certified through that certification,
19 there is actually a process.

20 So you're certified for four years. At
21 the end of that four years, you can retake the
22 exam and be certified for another four years
23 without doing any additional continuing
24 education. So again, requiring 15 hours a year,
25 when the certification itself allows for, it

1 doesn't have that high of a standard, seems a
2 bit problematic to us.

3 The other thing that I will mention is
4 that HAP believes that the Department of Health
5 should regulate hospitals, not individuals.
6 HB 1805 puts that regulatory process for
7 regulating these surgical technologists under
8 the privy of the Department of Health. We're
9 unclear what that would look like.

10 So those are some of the highlights.
11 You have our written testimony that we provided
12 to you. We would be willing to answer any
13 questions that you might have.

14 MAJORITY CHAIRMAN MUSTIO: Thank you.
15 Representative Knowles.

16 REPRESENTATIVE KNOWLES: Thank you,
17 Mr. Chairman. Thank you, gentlemen.

18 I just want to -- Scott, this would be
19 for your benefit. I just want to make sure that
20 you understand. It's like, when we go to the
21 hospital, when we have surgery, we want the most
22 experienced and the best surgeon in the
23 hospital.

24 Well, how does that person become the
25 best surgeon in the hospital?

1 By operating. The more he operates,
2 regardless of all of the training that he gets,
3 the more experience he has, the better he gets.
4 So you know, I'm still kind of struggling with
5 what Gary said. I would have had other
6 questions, which I'm going to ask him at the
7 conclusion of the hearing, but I just didn't
8 want you to think that I was, you know, that I
9 think that the hospitals aren't doing their job.

10 MAJORITY CHAIRMAN MUSTIO: You can
11 continue to ask questions if you want.

12 Do you have a question?

13 You can ask it, if you want.

14 Any other members have questions?

15 Okay. I want to thank you for your
16 testimony. I would like to meet with several of
17 you after the hearing, so we can talk about a
18 plan.

19 Thank you.

20 (The hearing concluded at 9:54 a.m.)

21

22

23

24

25

C E R T I F I C A T E

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

I hereby certify that the proceedings
are contained fully and accurately in the notes
taken by me on the within proceedings and that
this is a correct transcript of the same.

Tiffany L. Mast

Tiffany L. Mast, Court Reporter
Notary Public