



The Hospital + Healthsystem
Association of Pennsylvania

Leading for Better Health

Statement of The Hospital and Healthsystem Association of Pennsylvania

For the

House Professional Licensure Committee

Submitted by

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April 11, 2018

Chairman Mustio, Chairman Readshaw, Members of the House Professional Licensure Committee, on behalf of The Hospital and Healthsystem Association of Pennsylvania (HAP), thank you for inviting us to provide testimony about House Bill 1805. My name is Robert Shipp. I have a specialty certification of Nurse Executive Advanced-Board Certified and am a Pennsylvania licensed registered nurse. Currently, in my role at HAP, I am vice president, population health strategies. My background includes a position as a nurse manager for inpatient nursing and critical care units, along with more recent experience as a director of quality for a Medicare Accountable Care Organization. In my current position, I provide leadership and guidance focused on hospital quality improvement initiatives.

While HAP is not taking a position on House Bill 1805 at this time, we do have concerns we wish to share with the committee.

Surgical technologists play an important role on a patient's health care team.

However, the legislation treats the role differently from other health care disciplines, imposing far more extensive oversight and more narrow options for certification.

HAP's concerns about the provisions of this legislation include:

- Continuing education requirement that is not aligned with other health care disciplines
- Requirement that hospitals monitor continuing education compliances, which is inconsistent with other health care disciplines
- Conflict with Department of Health regulatory role
- Scope of practice and licensing discrepancies



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- Impact on access to services and costs
- Restricted certification options, sole vendor

More specifically, requiring a surgical technologist to complete 15 hours of continuing education annually is a significant requirement, and it is not consistent with the requirements for other health care disciplines. The educational hours required for licensure of other health care practitioners are typically biennial. Imposing an annual requirement that does not align with the biennial requirements for other licensed practitioners will be a burden for hospitals, and their operating room leadership.

By way of comparison, these are the continuing education requirements for licensure for key health care practitioners:

- **Registered Nurse:** 30 hours of education biennially
- **Respiratory Therapist:** 30 hours of education biennially
- **Perfusionist:** 30 credit hours biennially
- **Medical Doctors and Doctors of Osteopathy:** 100 CME hours biennially

In addition, each of these disciplines is regulated by a state-sanctioned governing board. Further, the burden is on the health care professional to meet the continuing education requirements of their license. Under House Bill 1805, the hospital is responsible for tracking and ensuring the individual's compliance with maintaining annual education and certification, with the provisions of House Bill 1805 being enforced by the Department of Health (DOH). The enforcement provisions would result in confusion as DOH is responsible for regulating facilities, and not individual health care disciplines. HAP holds the position that DOH regulates the health care facility, not the practitioner. Scope of practice oversight should remain with the state-sanctioned governing board.

However, in this case, surgical technologists are not licensed practitioners, and there is no licensing board within the Department of State with oversight for their practice. A surgical technologist performs his or her duties under the direction and supervision of a licensed health care professional participating in the surgery—typically, they are working under the supervision of a surgeon.

The 15 hours of annual continuing education proposed in House Bill 1805 constitutes nearly two full days of education for each surgical technologist. Should it become a requirement to complete continual annual training, the compounding impact will result in less available operating room time or mandatory overtime. This will impact both access to services and cost of procedures. As a result, 15 hours of annual education is excessive.



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Additionally, House Bill 1805 requires certification from the National Board of Surgical Technology and Surgical Assisting. This organization's service represents only one of several certification services that are available for surgical technologists. During 2016, only 69.8 percent of examinees passed the National Board of Surgical Technology and Surgical Assisting certification exam. This certification body provides surgical technologists an option of retesting every four years to maintain certification. Retesting does not require continuing education requirements.

HAP recognizes that the intent of House Bill 1805 is to better the skills of surgical technologists and to improve patient care. Be assured that Pennsylvania hospitals are demonstrating significant advances in surgical care. For instance, the Centers for Disease Control and Prevention reported that, during 2015, Pennsylvania hospitals experienced fewer surgical infections than compared to national outcomes when comparing national standardized infection ratios (SIR). The 2015 SIR rates for both abdominal hysterectomy and colon surgery also were among the lowest (better), placing Pennsylvania hospitals among the top 20 states.

Thank you again for the opportunity to share our thoughts about House Bill 1805. I am happy to answer any questions from the committee.