



HOUSE BILL 199: Establish Standards for Surgical Technology.

2017-2018 General Assembly

Committee:	House Health	Date:	March 7, 2017
Introduced by:	Reps. Murphy, Lambeth	Prepared by:	Jennifer Mundt Committee Staff
Analysis of:	PCS to First Edition H199-CSTA-2		

OVERVIEW: *House Bill 199 would create standards for surgical technology care in both hospitals and ambulatory surgical facilities.*

The PCS for House Bill 199 makes technical, conforming, and other related changes to the 1st Edition of the bill.

BILL ANALYSIS: House Bill 199 would create new sections in Part 2 of Article 5 and Part 4 of Article 6 of Chapter 131E of the General Statutes pertaining to hospital and ambulatory surgical facility (ASF) licensure respectively, that establish standards for the employment and contract of surgical technologists in both hospitals and ASFs as follows:

Qualifications for employment: Hospitals and AFSs must not employ or contract with a surgical technologist unless the individual provides evidence of one of the following four criteria:

1. Successful completion of a program accredited by the Commission on Accreditation of Allied Health Education Programs or another nationally accredited educational program for surgical technologists and holds and maintains the Certified Surgical Technologist credential issued by the National Board of Surgical Technology and Surgical Assisting (NBSTSA or Board).
2. Successful completion of an appropriate training program for surgical technology in the United States Armed Forces or United States Public Health Service.
3. Documentation of either: (i) employment practicing surgical technology in a licensed hospital or ASF on December 31, 2017, or (ii) employment practicing surgical technology during the two years immediately preceding December 31, 2017.
4. Practice of surgical technology as an employee of an agency or institution of the federal government.

Probationary practice: Hospitals and ASFs may employ or contract with an individual during the 12 months that follow their completion of an accredited surgical technology program. However, hospitals and ASFs may not continue to employ or contract with such an individual beyond the initial 12 months without documentation that the employee or contractor holds and maintains a Certified Surgical Technologist credential issued by the Board.

Continuing education: Hospitals and ASFs may employ or contract with an individual to practice surgical technology who qualifies based on their completion of training in the U.S. Armed Forces or

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documentation of previous employment (items 2, 3 or 4 above), provided the individual annually completes 15 hours of Board-approved continuing education.

Verification of continuing education or credential: Hospitals and ASFs that employ or contract with an individual to practice surgical technology must either verify that the individual satisfies the continuing education requirements or verify that the individual holds and maintains the Certified Surgical Technologist credential.

Exceptions: Hospitals and AFSs may employ or contract with a surgical technologist who does not meet any of the four qualifying criteria if the following requirements are met:

1. The hospital or ASF makes a diligent and thorough effort and, after completion of such an effort, is unable to employ or contract with a sufficient number of qualified surgical technologists who satisfy the four qualifying criteria.
2. The hospital or ASF documents and retains, on the hospital premises, a written record of its efforts made to employ or contract with a sufficient number of qualified surgical technologists.

Scope of practice: a clarifying provision to state that the new statutes not to be construed to prohibit a licensed practitioner from performing surgical technology tasks or functions if the practitioner is acting within the scope of their license.

Adverse action: The Department of Health and Human Services may take adverse action against a hospital or ASF for a violation of these provisions.

EFFECTIVE DATE: This act would become effective January 1, 2018.

BACKGROUND: According to the Commission on Accreditation of Allied Health Education Programs (Commission or CAAHEP), *surgical technologists* are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings. Surgical patient care includes preparing the operating room and the sterile field for surgical procedures by ensuring that surgical equipment is functioning properly and safely and preparing sterile supplies, instruments, and equipment using sterile technique, and as directed by the surgical team, performing tasks in the sterile field.

The Commission is a programmatic postsecondary accrediting agency recognized by the Council for Higher Education Accreditation and carries out its accrediting activities in cooperation with 23 review committees. CAAHEP currently accredits over 2,100 entry level education programs in 28 health science professions.

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) is the certifying agency for surgical technologists. The NBSTSA's duty is to determine, through examination, if an individual has acquired both theoretical and practical knowledge of surgical technology. Certification, while voluntary, demonstrates that the individual meets the national standard for knowledge that underlies surgical technologist practice. Certified individuals possess a mastery of a broad range of skills related to surgical procedures, aseptic technique, and patient care.