

Applicant group

1. Why was the Surgical First Assist and Surgical Technologist credentialing review split, and not done as one? (Especially since the ASA and AST are partner organizations)
2. Why did the Surgical Technologists agree to this?
3. Please outline, in detail, the projected cost of licensure and maintenance of certification for Surgical Technologists, and whom would cover these costs.
4. It is my understanding that necessary local CEU is currently insufficient to meet the requirements for Surgical Technologists. Will there be any assurance that enough cost-effective continuing education will be locally available in the future, even for those who choose not to belong to the AST?
5. The costs to individual Technologists certainly will rise (license, maintenance of certification...). Isn't it reasonable to assume salaries will rise?
6. In my experience, when professionals seek licensure, they do it in the hope of third party reimbursement (billing patients or insurers for services). Is this a goal for Surgical Technologists?

Nebraska Hospital Association

1. Is it the NHA's position that physicians should not supervise unlicensed personnel?
2. Hospital surveyors have instructed hospitals to restrict duties previously performed by Surgical Technologists, and letters from several surgeons indicate this has caused patient care concerns. How does the NHA propose to resolve this situation?
3. Were any assurances given to the Surgical Technologists that they would be supported in their pursuit of licensure after the Surgical First Assistants Credentialing review was completed?
4. Will rural facilities have difficulty hiring and attracting licensed surgical technologists?
 - a. If so, will they be able to maintain certain surgical services?
 - b. Will "grandfathering" mitigate this?
 - c. Should these services be rendered by unlicensed personnel?
 - d. Is "OJT" training sufficient for operating room personnel?

Sidney Regional Medical Center

1. It seems extremely unusual that a hospital represent a group seeking licensure, and not the group itself. Can you expound on how this relationship developed?
2. The TRC for Surgical First Assistants recommended inclusion of Surgical Technologists in licensure (Reference May 15 letter to Surgical First Assistants), and the hospital letter included some reasoning against I would like explained;
 - a. Why was it so "emergent" to license Surgical First Assistants?
 - b. Why do you think the amendment recommended by the TRC for inclusion of Surgical Technologists would "overwhelm" the legislature?
 - c. Why does licensing Surgical First Assistants ensure a higher quality of care, but not so for Surgical Technologists?
 - d. Why was it stated "The consensus was unanimous"?

Nursing

1. First assist nurses (RNFA) are recognized by Nebraska Board of Nursing in a Jan 1989 advisory opinion by that Board. Is this sufficient, or will statutory remedy, like what is currently sought by Surgical First assistants, be necessary?
2. Why do you think the Board of Nursing would be better oversight than the Board of Medicine?

Nebraska Association of Independent Ambulatory Surgical Centers

1. What was your position regarding licensure of Surgical First Assistants?
2. Do your members employ any SFA's?
3. Can you quantify how much you believe costs will rise due to the proposed licensure?
4. On average, comparing identical procedures, how much less is a surgery center reimbursed for a procedure versus a hospital?
5. Is "OJT" training sufficient for operating room personnel?
6. What is your position regarding physician supervision of unlicensed personnel?

General for all groups (to stimulate conversation)

1. Why is/isn't a registry sufficient versus licensure? Or to do nothing at all?
2. What would be the cost of a registry versus a cost for licensure?
3. Who would administer a "Competency Assessment" for Surgical Technologists in a registry program?
4. There were many physician letters' with the previous SFA proposal, but where is the Nebraska Medical Association on this?
5. Analysis of; costs, patient safety, quality, competency, minimum educational standards, supervision, compliance, technology