



December 12, 2015

Mr. Ron Briel
Program Manager
Division of Public Health, Licensure Unit
Nebraska Department of Health & Human Services
Lincoln, NE 68509

Dear Mr. Briel and Members of the Technical Review Committee,

My name is Marty Fattig and I am the CEO of Nemaha County Hospital in Auburn, NE. I am writing to express my opposition to licensure of surgical technologists. I do support implementation of a registry for this occupation to provide the public with an appropriate means of oversight for this entry-level position.

Surgical technologists are allied health care professionals who are trained to support the surgical team, focusing on sterility of the room and monitoring of surgical tools and equipment. Surgery relies on this entry-level position to ensure the surgical suite is properly prepared. Many of our rural hospitals rely on these individuals for the scrub tech role—a position that can be accommodated through on-the-job training to fulfill a basic yet vital function within the hospital. These individuals generally have a high school degree and do not complete a formal surgical technology program. They are recruited from our communities and their functions do not require the full training regimen that a certified surgical technologist possesses.

However, that does not mean they are any less important to the services rural hospitals provide. Requiring that all surgical technologists, even those simply functioning in the scrub tech role, complete a formal surgical technology program and obtain certification will be burdensome for rural hospitals in Nebraska. The costs that would be attributed to paying for the educational programs, lost wages while obtaining the certification and licensing and renewal fees will also be a trial for many of our technologists. It will become very difficult for rural hospitals to recruit for this role during a time when we are facing shortages and struggling to build our health care workforce.

A scope of practice is necessary when a health care professional cannot perform functions without statutory allowance. Something I found problematic in the application is that the applicant group contends that the list of functions on page 12 is a scope of practice which requires licensure in order for

surgical technologists to perform them. The Association of Surgical Technologists describes the items listed in the application as duties that a surgical technologist performs, not a scope of practice. None of the processes in the list denote a scope of practice as they are functions that a surgical technologist can perform now under the law. Surgical technologists are not restricted from performing these tasks at this time; therefore, statutory approval is not required with creation of a scope of practice.

It is important to differentiate between the terms "direct" and "delegate." A surgeon can direct an individual to complete a task. For example, "Hand me the retractor." When a physician delegates, however, he or she is transferring responsibility for a specific activity that is relative to the physician's scope of practice. An example of this would be physician delegation of wound suturing. In this instance, the physician would tell the physician assistant to begin closing the operative site. The applicant group uses these terms interchangeably. Under *Howard Paul v. Nebraska* a physician can only delegate tasks to licensed health care professionals. The list of functions on page 12 of the application does not require delegation. Surgical technologists do not need a license in order to complete this list of functions as a surgeon can direct and supervise the technologist's completion of them and a nurse can delegate them under the Nurse Practice Act.

The Nebraska Department of Health and Human Services has made it clear that the only actions that an unlicensed health care professional cannot undertake are those practices delegated by an independent health care professional. For the role of the surgical technologist, inappropriate tasks were identified as approximation of the skin and closing of the operative site (i.e. suturing). The applicant group's list of functions does not contain either of these. If this proposal is basing the need for licensure on the premise that licensure is necessary for the practice of surgical technology (as stated on page 15 of the application), the argument is erroneous. Surgical technology respecting these limitations is currently practiced in the state of Nebraska lawfully and will continue as such without licensure with no reported harm to the health, safety, or welfare of the public.

I do find that a registry which tracks an employable pool of surgical technologists within the state as beneficial for this occupation. The Board of Nursing already manages similar registries which allow for monitoring of similar entry-level positions. Although the role of the surgical technologist does not rise to the level of licensure, a registry would allow for some oversight of this important occupation.

Thank you for the opportunity to provide my perspective.

Sincerely,



Marty Fattig
Chief Executive Officer