

Minnesota Hospital Association

Comments on H.F. 1993, a bill which regulates hospital employment of surgical technologists.

H.F. 1993 does not meet the Minnesota Hospital Association's (MHA) criteria for state licensure or certification of a health care profession on several levels.

First, we have not seen a documented problem related to the quality of care provided by surgical technicians who are currently working in the field. And in fact, MHA feels compelled to specifically address the misleading comments made in the information submitted to the Committee about Minnesota's nation leading Adverse Health Events report.

The January 2014 Adverse Health Event report includes the following facts:

- Across all Minnesota hospitals and surgical centers, nearly 2.6 million surgeries and invasive procedures were performed in this reporting year. Given the volume of invasive procedures performed in a year, "these events are very rare." In all the categories of surgical errors, roughly one adverse health event occurs out of 76,000 procedures.
- In the 10th year of reporting, the total number of surgical/invasive procedure events across three reporting categories (wrong site, wrong procedure, and wrong patient) was 34 events. This was a 36% decrease, the largest decline in surgical events in the program's history.
- The number of retained foreign objects also declined for the second consecutive year. Since 2012, retained foreign objects have decreased by 29 percent.
- **Most importantly, for this past reporting year, for all surgical and invasive procedures, there were zero deaths and zero cases of serious disability.**

The rare occurrence of adverse health events should not be used to justify certification of a health care profession, especially when there is no casual research linking surgical technicians to these errors.

MHA also questions the need for regulation of individuals who work solely under supervision of other licensed professionals. There is never a situation where a surgical technician would be working without the supervision of either the surgeon or the surgical nurse.

In addition, MHA is opposed to the language in the bill regulating only the hiring practices of hospitals but not regulating the employment settings of ambulatory surgical centers, which also employ surgical technicians. This approach to certification is essentially an employment mandate rather than a straight forward certification requirement of a profession.

Finally, some rural hospitals utilize the services of nurses to assist in surgical procedures. These nurses have training beyond that of a surgical technician and it is unclear if they would be able to continue to work in this capacity under the language of the bill.

MHA believes it is important to remove barriers to care and allow greater employment opportunities rather than adding "fences" around specific activities unless it is to respond directly to a documented public protection problem.

Thank you for your consideration of our opposition and concerns with this proposed legislation.