

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL: SB 360
 INTRODUCER: Senator Garcia
 SUBJECT: Surgical Assistants and Surgical Technologists
 DATE: March 18, 2013 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HP	Pre-meeting
2.	_____	_____	BI	_____
3.	_____	_____	AHP	_____
4.	_____	_____	AP	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

SB 360 creates an undesignated section of law to prohibit health care facilities from employing or contracting with surgical technologists or surgical first assistants unless they meet certain educational and certification requirements, with certain exceptions. The Agency for Health Care Administration (AHCA) is required to adopt rules to administer this section.

The bill amends s. 627.419, F.S., of the Florida Insurance Code to add surgical assistants certified by certain national organizations to the list of practitioners who can be reimbursed by a health insurance policy, health care services plan, or other contract for their surgical first assisting services under certain conditions, unless the assistant is paid by the hospital.

The bill creates one undesignated section of law and amends s. 627.419, F.S.

II. Present Situation:

Role of Surgical Technologists

Surgical technologists, also called scrubs or operating room technicians,¹ work under the supervision of surgeons to ensure that the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Surgical technologists are trained in aseptic technique and combine the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a

¹ United States Department of Labor, Bureau of Labor Statistics, *Occupational Outlook Handbook, 2012-13 Edition: Surgical Technologists*, available at: <http://www.bls.gov/oco/ocos106.htm> (last visited on March 18, 2013).

physician's performance of invasive therapeutic and diagnostic procedures.² Currently, no statutes or rules are in place to regulate the practice of surgical technology in Florida.

The Association of Surgical Technology (AST) is the oldest and most recognized professional organization for surgical technologists and surgical assistants. The AST was established in 1969 by members of the American College of Surgeons, the American Hospital Association, and the Association of Perioperative Registered Nurses to ensure that surgical technologists and surgical assistants have the knowledge and skills to administer patient care of the highest quality. Some of the AST's duties include creating and administering national certification procedures for surgical technologists, providing continuing education for such certification, working with national accrediting committees to establish standards for training programs, and advocating the interests of surgical technologists to government entities.³

The AST has published national guidelines for the scope of practice of surgical technologists.⁴ It designates three different categories of technologist, each with different functions. A scrub technologist maintains sterility and handles necessary instruments, supplies, and equipment during a surgical procedure. A circulating technologist assists the circulating nurse in obtaining additional instruments, supplies, and equipment during the procedure. A second assisting technologist maintains sterility and assists the surgeon and the surgeon's first assistant during the procedure. More detailed duties are as follows:

Scrub technologist

- Check supplies and equipment needed for the surgical procedure.
- Scrub, gown, and glove.
- Set up the sterile table with instruments, supplies, equipment, and medications needed for the procedure.
- Perform appropriate counts with the circulator prior to the operation and before the incision is closed.
- Gown and glove the surgeon and assistants.
- Help in draping the sterile field.
- Pass instruments to the surgeon during the procedure.
- Prepare sterile dressings.
- Clean and prepare instruments for terminal sterilization.
- Assist other members of the surgical team with terminal cleaning of the operating room.
- Assist in preparing the operating room for the next patient.

Circulating technologist

- Obtain appropriate sterile and unsterile items needed for the procedure.
- Open sterile supplies.
- Check the patient's chart, identify the patient, verify the surgery to be performed with consent forms, and bring the patient to the assigned operating room.

² AST, *Job Description: Surgical Technologist*, available at: http://www.ast.org/professionals/documents/2009_Surgical_Technologist_Job_Description_10.6_Final.pdf (last visited on March 18, 2013).

³ AST, *About Us*, available at : http://www.ast.org/aboutus/about_ast.aspx (last visited on Mar. 18, 2013).

⁴ *Supra* fn. 2.

- Transfer the patient to the operating table.
- Assess the patient's comfort and safety and provide verbal and tactile reassurance.
- Assist anesthesia personnel.
- Position the patient, using appropriate equipment.
- Apply electrosurgical grounding pads, tourniquets, monitors, etc., before the procedure begins.
- Prepare the patient's skin prior to draping by the surgical team.
- Perform appropriate counts with the scrub nurse or technologist prior to the operation and before the incision is closed.
- Anticipate additional supplies needed during the procedure.
- Keep accurate records throughout the procedure.
- Properly care for specimens.
- Secure dressings after incision closure.
- Help transport the patient to the recovery room.
- Assist in cleaning the operating room and in preparing for the next patient.

Second assisting technologist

- Hold retractors or instruments as directed by the surgeon.
- Sponge or suction the operative site.
- Apply electrocautery to clamps on bleeding blood vessels.
- Cut suture material as directed by the surgeon.
- Connect drains to suction apparatus.
- Apply dressings to the closed wound.

Education and Certification

Surgical technologists must have a high school degree or equivalent and complete a training program accredited by the Commission on Accreditation of Allied Health Education Programs or the Accrediting Bureau of Health Education Schools. The training program includes classroom education in anatomy, microbiology, pharmacology, ethics, medical terminology, and other topics as well as supervised clinical experience. Surgical technologist training lasts from 9-24 months and culminates in a certificate, diploma, or associate's degree.

Professional certification is not required for employment as a surgical technologist, although most employers prefer to hire only certified individuals.⁵ Professional certification is available through the AST as a Certified Surgical Technologist (CST).⁶ Requirements for CST designation include graduation from an accredited surgical technology program (with special exceptions for military-trained technologists), payment of fees, and passage of an examination offered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).⁷ The CST certification is valid for four years; to renew, an individual must either retake and pass the

⁵ *Supra* fn. 1.

⁶ *Id.*

⁷ NBSTSA, *CST Examinations*, available at: <http://nbstsa.org/examinations-cst.html> (last visited on March 18, 2013).

NBSTSA examination required for initial certification or complete 60 hours of continuing education. A renewal fee is also required.⁸

National certification may also be obtained from the National Center for Competency Testing (NCCT),⁹ which awards the “Tech in Surgery-Certified (NCCT)” designation. Applicants must graduate from an NCCT-approved surgical technology program, complete required practical experience, and pass the organization’s certification exam. Applicants who did not graduate from an approved surgical technology program may also qualify for certification if they have accrued some amount of practical experience, which varies depending on the situation. Passage of the examination and payment of fees is still required, however.¹⁰ The NCCT certification must be renewed annually by completing 14 hours of continuing education and paying a recertification fee.¹¹

Currently, there are approximately 4,800 surgical technologists employed in Florida. Of these, more than 3,400 are CSTs, and a few dozen hold the Tech in Surgery-Certified (NCCT) designation.¹²

Role of Surgical First Assistants

Surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions under the direct supervision of surgeons to help carry out safe operations with optimal results for patients. In addition to intraoperative duties, surgical assistants also perform preoperative and postoperative duties to better facilitate proper patient care.¹³ Surgical first assistants provide primary assistance to the primary surgeon, must be listed on the operative record as first assistants, and cannot be involved in any other role during the procedure.¹⁴

The primary professional organizations for surgical assistants are the Association of Surgical Technology (AST) and the National Surgical Assistant Association (NSAA). The AST was established in 1969 by members of the American College of Surgeons, the American Hospital Association, and the Association of Perioperative Registered Nurses to ensure that surgical technologists and surgical assistants have the knowledge and skills to administer patient care of the highest quality.¹⁵ The NSAA was formed by surgical assistants in 1983 and was the nation’s

⁸ NBSTSA, *Renewal Options*, available at: <http://nbstsa.org/renewal/index.html> (last visited on March 18, 2013).

⁹ The NCCT is an independent entity which provides competency examinations and certifications for a variety of allied health professions, including medical assistants, phlebotomy technicians, patient care technicians, surgical technologists, and medical office assistants. It is not a professional organization. (Source: NCCT, *National Center for Competency Testing (NCCT)*, <http://www.ncctinc.com/General/>, last visited on March 18, 2013).

¹⁰ NCCT, *Certification Information*, available at: <http://www.ncctinc.com/Certifications/> (last visited on March 18, 2013).

¹¹ NCCT, *Recertification/CE*, available at <http://www.ncctinc.com/CE/> (last visited on March 18, 2013).

¹² Email correspondence with the Florida State Assembly of the Association of Surgical Technologists. A copy of this correspondence is on file with the Senate Health Policy Committee.

¹³ Association of Surgical Technologists, *Job Description: Surgical Assistant*, available at: http://www.ast.org/professionals/documents/2011_%20Surgical%20Assistant_Job_Description_4.5.pdf (last visited on March 18, 2013).

¹⁴ American Board of Surgical Assistants, *Definitions*, available at: <http://www.absa.net/definitions.php> (last visited on March 18, 2013).

¹⁵ AST, *About Us*, available at : http://www.ast.org/aboutus/about_ast.aspx (last visited on March 18, 2013).

first organization to provide standards for competency, professionalism, and scope of practice in the field.¹⁶

Duties within the scope of practice of a surgical assistant include positioning the patient; providing visualization of the operative site, including appropriate placement of retractors, suctioning and sponging, and manipulation of suture materials; assisting with hemostasis; participating in volume replacement or autotransfusion techniques, as appropriate; assisting with wound closure, including administration of sutures and subcutaneous injection of local anesthetics; selecting and applying wound dressings; and providing assistance in securing drainage systems to tissue.¹⁷ Surgical assistants must be familiar with operating room procedures and able to anticipate the needs of the surgeon.¹⁸

Surgical First Assistants in Statute

Registered nurses licensed under ch. 464, F.S., may serve as surgical first assistants if they are certified in perioperative nursing through a year-long training program fulfilling certain conditions. Such nurses may be reimbursed by insurance companies for their first assistant services at a rate not less than 80 percent of what a physician would be paid for the same services.¹⁹

Physician assistants may also be reimbursed by insurance companies for surgical first assistant services if they act as substitutes for physicians who would have performed the same services.²⁰

National Certification of Surgical First Assistants

AST: Certified Surgical First Assistant

An applicant for the Certified Surgical First Assistant (CSFA) designation must fulfill one of the following:

- Be a graduate of a surgical assistant program accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP);
- Hold current certification as a Certified Surgical Technologist from the AST, have participated in at least 350 cases within the last four years, and have completed at least two full years of surgical first assistant experience; or
- Hold current surgical assistant certification from the NSAA or the American Board of Surgical Assistants (ABSA), have completed 50 hours of AST-approved continuing education within the last two years, show proof of operative case experience, and have at least an associate's degree.

Eligible applicants may register to take the CSFA exam offered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).²¹ The NBSTSA was previously known

¹⁶ NSAA, *Welcome*, available at: <http://www.nsaa.net/index.php> (last visited on March 18, 2013).

¹⁷ *Supra* fn. 12.

¹⁸ NSAA, *Scope of Practice*, available at: http://www.nsaa.net/scope_of_practice.php (last visited on March 18, 2013).

¹⁹ Sections 464.027 and 409.906(21), F.S.

²⁰ Section 627.419(6), F.S.

²¹ Edu-Search, *Surgical Technology Certification*, available at: <http://www.surgicaltechnologists.net/education/certification> (last visited on March 18, 2013).

as the Liaison Council on Certification for the Surgical Technologist (LCCST). After passage of the exam and payment of \$290 in fees, an applicant may be certified.²²

The CSFA certification must be renewed every four years either by retaking and passing the initial certification examination or completing 75 hours of continuing education approved by the AST. Recertification by examination costs \$499.²³ Recertification by continuing education costs \$6 per credit hour for AST members and \$400 for non-members.²⁴

More than 2,100 people currently hold CSFA certification.²⁵

NSAA: Certified Surgical Assistant

Applicants for the Certified Surgical Assistant (CSA) designation must be graduates of approved surgical assistant training programs (there is one in Florida) or provide documentation of 2,250 hours of assisting experience along with several letters of reference from supervising surgeons. Applicants must also pass a multiple-choice examination offered by the NSAA which covers subjects such as anatomy, medical terminology, technical surgical skills, sterile technique, and anesthesia, and pay \$400 in fees. Discounts apply for recent graduates and military personnel, and certification by endorsement is available to nurses, physician assistants, and other practitioners under certain conditions.

CSAs must be recertified every two years by completing 50 hours of approved continuing education or retaking and passing the initial certification exam. Recertification fees for NSAA non-members are \$700 if via continuing education and \$900 if via reexamination. Fees for NSAA members are \$100 if via continuing education or reexamination.^{26,27}

More than 1,300 people currently hold CSA certification nationally.²⁸

ABSA: Surgical Assistant-Certified

To be eligible to for ABSA certification, an applicant must hold at least an associate's degree with a "C" grade or higher in specified college-level courses, have completed an ABSA- or CAAHEP-approved surgical assistant training program, and have passed the ABSA Surgical Assistant-Certified (SA-C) examination. The examination consists of both multiple-choice and practical components and is offered four times per year in Miami, Chicago, New Jersey, and Houston. Payment of a \$710 fee is also required.

SA-C certification must be renewed biennially by retaking and passing the initial certification exam or by completing certain professional development activities. Such activities include reading professional journals, presenting at a hospital seminar, publishing clinical research, and attending medical conferences. Each person must also document participation as a surgical first assistant in either 400 surgical cases or 1,500 procedure hours and hold current certification in

²² NBSTSA, *CSFA Examination*, available at: <http://nbstsa.org/examinations-csfa.html> (last visited on March 18, 2013).

²³ NBSTSA, *Renewal Options*, available at: <http://nbstsa.org/renewal/index.html> (last visited on March 18, 2013).

²⁴ AST, *Certification*, available at: <http://www.ast.org/membership/certification.aspx> (last visited on March 18, 2013).

²⁵ Telephone conversation with NBSTSA staff.

²⁶ NSAA, *FAQs*, available at: <http://nsaa.net/faq.php> (last visited on March 18, 2013).

²⁷ NSAA, *Certification*, available at: <http://www.nsaa.net/requirements.php> (last visited on March 18, 2013).

²⁸ Telephone conversation with NSAA staff.

cardiopulmonary resuscitation (CPR), advanced cardiac life support (ACLS), or pediatric advanced life support (PALS). Recertification via examination costs \$180, while recertification via professional development costs \$100.²⁹

More than 1,400 people currently hold active SA-C certification.³⁰

III. Effect of Proposed Changes:

Section 1 creates an undesignated section of law and provides definitions for various terms. The bill also prohibits health care facilities from employing or contracting with:

- A surgical assistant who does not hold a current and valid certification as a surgical assistant which is issued by ABSA, NBSTSA, or NSAA; or
- A surgical technologist who has not successfully completed a nationally and programmatically accredited surgical technology program and does not have the credential of certified surgical technologist which is issued by a nationally accredited credentialing body.

The bill also provides exemptions from these requirements for certain groups:

- Any person who practices as a surgical assistant or surgical technologist on or at any time during the six months before January 1, 2013;
- Any person who successfully completes training as a surgical assistant or surgical technologist in the uniformed services;
- Any student who performs, within the scope of his or her training, the functions of a surgical technologist or surgical assistant under the direct supervision of a person licensed under ch. 458, 459, or 461, F.S.³¹ Students working as surgical assistants can also be supervised by nurses licensed under part I of ch. 464, F.S.;
- Anyone licensed under ch. 458, 459, or 461, F.S., and who engages in the full scope of practice for which he or she is licensed;
- Any person who performs surgical procedures in an office-based setting; and
- Any person who completes a training program to become a surgical technologist or surgical first assistant before July 1, 2014. Such a person may continue to practice in his or her specialty for one year after completion of the training program.

The bill also restates language found in ch. 395.0161(2), F.S., which states that AHCA may accept the inspection of an accrediting organization in lieu of its own inspection of a health care facility, as long as the accreditation of the facility is not provisional, the facility authorizes release of the accrediting organization's inspection report, and AHCA receives this report.

The bill also allows the AHCA to adopt any rules necessary to administer this section.

Section 2 amends s. 627.419, F.S., of the Florida Insurance Code to add surgical assistants certified by ABSA, NBSTSA, or NSAA to the list of practitioners who can be reimbursed by a health insurance policy, health care services plan, or other contract for their surgical first

²⁹ ABSA, *Candidate Information Booklet and Certification Examination Review Guide 2011-2012*, available at: http://www.absa.net/pdf/ABSA_Guide_2011-2012.pdf (last visited on March 18, 2013).

³⁰ ABSA, *History and Statistics*, available at: <http://www.absa.net/statistics.php> (last visited on March 18, 2013).

³¹ Allopathic physicians, osteopathic physicians, and podiatrists, respectively.

assisting services. The bill also adds the employer of a surgical assistant or a *registered* nurse first assistant to the list of entities who may be so reimbursed and states that the reimbursement may only occur if the services performed by the surgical assistant fall within the scope of his or her certification.

Reimbursement for the services of surgical assistants is only permitted if reimbursement would be covered for an assisting physician licensed under ch. 458 or 459, F.S., and the surgical assistant is used as a substitute. This section does not require reimbursement to a surgical assistant if the assistant is paid, or will be paid, by the health care facility for the surgical services performed.

Section 3 provides an effective date of July 1, 2013.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

People wishing to practice as surgical technologists or surgical first assistants in Florida would be required to pay several hundred dollars in fees required to maintain national certification.

B. Private Sector Impact:

Surgical technologists and surgical first assistants who do not meet any of the eligibility requirements in this bill will be unable to practice these occupations at Florida health care facilities. Businesses which offer continuing education courses and examination preparatory courses to surgical technologists and surgical first assistants are likely to receive more business as a result of this bill.

C. Government Sector Impact:

The Office of Insurance Regulation and the Department of Health report no fiscal impact.^{32,33}

³² Office of Insurance Regulation, *2013 Bill Analysis for SB 360*. A copy is on file with the Senate Health Policy Committee.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Since much of Section 1 of this bill involves regulating the employment practices of hospitals, perhaps this section could be added as an amendment to s. 395.0191, F.S., which governs the staff membership and clinical privileges of hospitals.

“Direct supervision” (line 46) and “supervision” (line 53) have various definitions in statute. It might be appropriate to specify a uniform definition for purposes of this bill. It may also be helpful to determine where the liability lies in a supervisory relationship.

The bill’s definition of “health care facility” in lines 42-44 includes and provides cross-references to two of the three facilities mentioned in the definition of “health care facility” in ch. 395, F.S., the part of Florida law which licenses health care facilities.³⁴ It is unclear why the bill chose to define “health care facility” using only a part of the ch. 395, F.S., definition when the bill’s provisions appear apropos to all facilities licensed under that chapter.

The definitions of “surgical first assistant” and “surgical technologist” in lines 45-62 do not seem congruent with the duties and scope of practice of these workers as established by their national organizations (see the “Role of Surgical Technologists” and “Role of Surgical First Assistants” sections in the Present Situation section of this analysis). It may be prudent to reconstruct the bill’s definitions to ally more closely with the definitions advocated by the national bodies representing these entities.

Lines 63-64 and 70-72 state that a health care facility may not contract with or employ people who do not fulfill certain specifications relating to surgical technology or surgical first assisting. Under the bill’s language as written, all health care facilities are prohibited from hiring workers as diverse as medical billers, custodial staff, unit secretaries, and nurses because they will not fulfill the requirements listed in lines 63-77 or fit the exemptions listed in lines 78-107. To allow health care facilities to hire employees in a wide range of specialties, it may be useful to limit the scope of this bill by stating, “A health care facility may not employ or contract with any person to work *as a surgical technologist or as a surgical first assistant* without completing these requirements . . .”

Lines 63-69 require that licensed certified surgical first assistants hold and maintain certification from one of three recognized certifying agencies. However, some of these agencies offer a variety of certifications, and it might be helpful to designate exactly which certifications are required for licensure in Florida.

Lines 70-77 outline requirements that surgical technologists must fulfill before they are eligible to be hired by a health care facility. However, it is unclear as to what entity must accredit the

³³ Department of Health, *2013 Bill Analysis for SB 360*. A copy is on file with the Senate Health Policy Committee.

³⁴ The bill’s definition omits “mobile surgical facilities.”

surgical technology program mentioned in lines 70-71 and as to what the term “programmatically accredited” refers.

The NBSTSA is the only nationally-accredited credentialing body which issues the credential of Certified Surgical Technologist. The bill specifically mentioned this body in the language concerning surgical first assistants in lines 63-69; it is unclear why it is not also specifically mentioned in lines 75-77 concerning surgical technologists.

Furthermore, the language concerning employment credentials for surgical first assistants does not specify that the first assistant must have graduated from certain training programs, although language concerning surgical technologists does. Surgical first assistants have more sophisticated job duties than surgical technologists, and it is unclear why their educational requirements are not delineated. The national credentialing bodies for both surgical technologists and surgical first assistants have specific educational requirements for certification, but all bodies listed in the bill provide an option for applicants to make up for a lower level of education with years of clinical experience. To keep educational requirements consistent with national certification requirements, perhaps lines 73-74 of the bill could be deleted. The Florida requirements for certification as a surgical technologist will then be identical to the national requirements to become a CST.

It is unclear if lines 80-82 are intended to except current practitioners of surgical technology or surgical first assisting from new certification requirements for practice in health care facilities. If this is the intention of these lines, perhaps this language could be clarified. If not, surgical employees who have been practicing for decades may be forced to retake certification examinations, re-enroll in training programs, pay hundreds of dollars in fees, and fulfill other requirements necessary for national certification.

Lines 83-84 allow any person who completes training as a surgical first assistant or surgical technologist in the uniformed services to be exempt from the certification requirements of the bill. It is unclear if this language exempts such practitioners who are currently practicing in the uniformed services, or if only those who were *trained* in surgical technology or surgical first assisting by the uniformed services are eligible for the exemption.

“Uniformed services” in lines 84-85 has variable meaning throughout statute. It may be useful to define the term as used in this section for clarity. For example, the federal definition of “uniformed services” is found in 10 U.S.C. s. 101(a)(5). A definition of the term in state law can be found in s. 97.021(39), F.S.

Lines 86-97 exempt certain students practicing surgical technology or surgical first assisting under licensed physicians or podiatrists from the certification requirements of the bill. However, other practitioners, such as dentists, also perform surgery, and it is unclear why they are not allowed to supervise students.

Currently, a wide variety of practitioners, both licensed and unlicensed, may function as surgical technologists and surgical first assistants. These practitioners include podiatrist assistants, dental hygienists, physician assistants, and nurses. Requiring all practitioners to be certified as surgical first assistants or surgical technologists before letting them participate in surgery would be

redundant as training programs for such practitioners already incorporate appropriate surgery skills, and surgical-related tasks are already in the scope of practice for the licensees.

Florida statutes and rules already contain many regulations concerning office-based surgeries.³⁵ To increase congruency, it may be better for the definition of “office-based setting” in the bill to conform with similar definitions in existing law and rules. In fact, lines 98-102 are unnecessary as the bill states that the certification of surgical technologists and surgical first assistants is only required for working in health care facilities, and the bill’s definition of “health care facility” does not include office-based settings.

Line 103 exempts people currently in training programs for surgical technologists or surgical first assistants are exempted from the certification requirements of the bill. However, these lines make no mention of whether the training program must be accredited, certified, or approved by some national or state body.

In addition, some surgical technologist or surgical assistant training programs can take up to two years to complete. Students currently enrolled in such programs may not be able to graduate in time to be eligible for the July 1, 2014 exemption.

Lines 108-117 are unnecessary as s. 395.0161(2), F.S., already provides for AHCA to accept results of inspections of health care facilities from other accrediting bodies.

In line 129, “is certified by” should be changed to “maintains current and valid certification which is issued by...” to maintain congruency with the language used in 63-69 of the bill which describes credentialing requirements for surgical first assistants.

Lines 128-132 specify that surgical first assistants must be certified by certain national organizations before their services may be reimbursed by insurance companies. Lines 133-138, however, make no specifications as to any credentials surgical assistants must have for their employers to be reimbursed for such services.

In line 147, “surgical services” should be changed to “surgical assisting services,” since surgical first assistants do not directly perform surgery.

The bill makes no reference to what penalties apply to surgical technologists and surgical first assistants who practice in Florida despite not meeting the eligibility requirements or to the health care facilities which employ them.

As presently drafted, the bill’s amendments to insurance reimbursement regulations only applies to policies governed by ch. 627, F.S. of the Insurance Code. If there are instances where provider reimbursement for surgical assistants has been of concern under the terms of a health maintenance organization (HMO) provider contract, similar language may be appropriate for amendment into Part III of ch. 641, F.S., which governs provider services under the terms of an HMO contract.

³⁵ Sections 458.309 and 459.005, F.S., as well as Rules 64B8-9.009 and 64B15-14.007, F.A.C.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

- B. **Amendments:**

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
