



THE SURGICAL ASSISTANT

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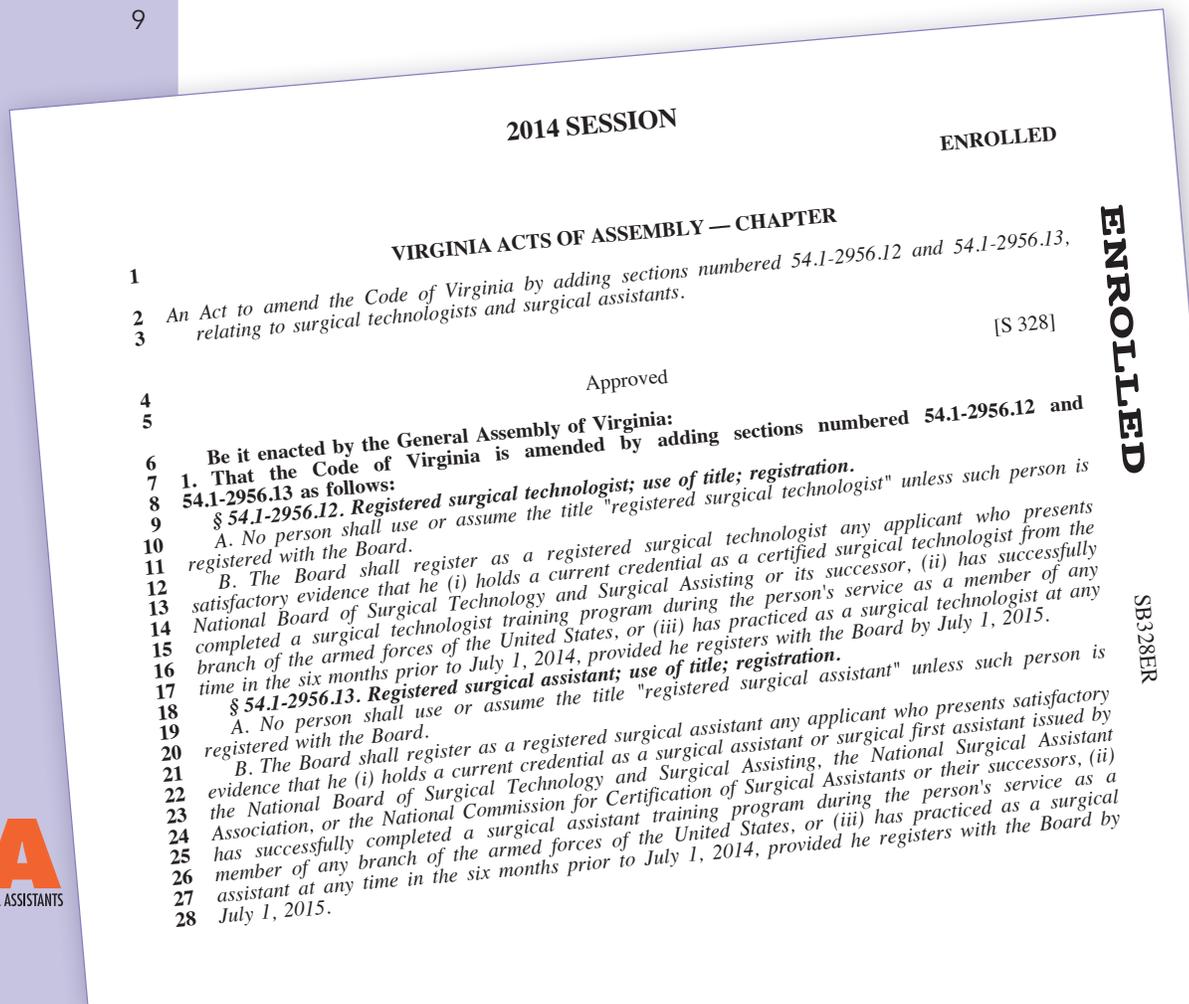
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VIRGINIA BILL PASSES UNANIMOUSLY IN THE SENATE AND HOUSE

Governor Terry McAuliffe Signs Legislation on April 3, 2014!





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The Honorable Terry McAuliffe
His Excellency the Governor
The Patrick Henry Building
1111 East Broad Street
Richmond, VA 23219

March 18, 2014

RE: Senate Bill 328 (Barker)

Dear Governor McAuliffe:

As President of the Association of Surgical Assistants (“ASA”), the national professional association for surgical assistants, I am writing on behalf of ASA to respectfully request that you sign Senate Bill 328 into law. This legislation, patroned by Senator George Barker and passed unanimously in the Virginia General Assembly, will make Virginia’s patients safer. I urge you to sign Senate Bill 328 without delay.

Senate Bill 328 prohibits any person from using or assuming the title “registered surgical assistant” unless such person is registered with the Board of Medicine. Senate Bill 328 further requires the Board of Medicine to register applicants as registered surgical assistants if the applicant meets certain criteria. These criteria provide a widely accepted minimum competency standard in order to ensure that our patients are protected from harm.

As surgical assistants, we are the surgeon’s right hand during surgical procedures. We perform significant surgical tasks, including manipulation of organs, insertion of subcutaneous sutures, placement of hemostatic agents, injection of local anesthetic, harvesting of veins, and implantation of devices. If we are not competent in our positions, then the patient is put at risk of acquiring a surgical site infection, major surgical complications, or worse. There are real costs to surgical site infections and surgical complications: potential hospital re-admission, significant post-surgical recovery expenses, and harm to or even death of patients.

In the interest of public safety, it is imperative that Virginia take steps to begin appropriately regulating our profession. Senate Bill 328 is an important step in the right direction. And Senate Bill 328 does so in a way that protects the job security of every surgical assistant employed today.

Thank you for your consideration. On behalf of the Association of Surgical Assistants, our profession, and our patients, I respectfully urge you to sign Senate Bill 328.

Respectfully,

Dennis Stover, CST, CSA
President, Association of Surgical Assistants

VIRGINIA BILL SUMMARY

The bill, briefly, establishes a registration for all Certified Surgical Technologists (certified by the NBSTSA) and all surgical assistants certified by either the NBSTSA or the National Commission for the Certification of Surgical Assistants (NCCSA). The bill does not include surgical assistants certified by the American Board of Surgical Assisting (ABSA). Only appropriately certified surgical technologists, surgical assistants, grandfathered practitioners (those practicing in the six months immediately preceding the effective date of the bill) and military program graduates are entitled to register with the Board of Medicine. The effective date of the Act is July 1, 2014. Hospitals and surgical centers are still entitled to hire unregistered surgical technologists or surgical assistants, but it is believed that the registration provisions will establish a standard of care that will move the hiring process inexorably toward registered professionals. Moreover, the registration database will be open to the public, allowing access by patients and others, and affording more transparency regarding those individuals assisting in surgical procedures in Virginia. Public access will also allow compilation of data and research into surgical errors and other adverse events involving certified and uncertified practitioners.

What Happens Next?

The Virginia surgical assistant legislation has been signed by Governor

McAuliffe! The process does not stop here. Next, state lawyers add the new language to the official Code of Virginia. Simultaneously, the Board of Medicine staff begins the rulemaking process. In administrative law, rulemaking refers to the route that executive agencies use to produce, or “promulgate”, regulations. Legislatures first set broad policy mandates by passing bills into law, and then agencies create more detailed regulations through rulemaking. Rulemaking permits executive agencies to add detail to the law. For example, for the surgical assistant act, the Virginia Board of Medicine will decide how surgical assistants will register.

The Board of Medicine will draft the surgical assistant filing requirements, information to be gathered and registration fees. By law, the Board of Medicine is required to collect and verify qualification information to ensure the individual meets the registration requirements, such as holding current certification from the National Board of Surgical Technology and Surgical Assisting, the National Surgical Assistant Association, or the National Commission for Certification of Surgical Assistants or by being grandfathered in. A grandfathered person is any individual who has practiced as a surgical assistant at any time in the six months prior to July 1, 2014, provided he or she registers with the Board by July 1, 2015. The Board of Medicine may also decide to collect additional information, such as

educational background and current employer.

As soon as the Board of Medicine has drafted the filing requirements they will make public the draft, proposed registration requirements and invite public comment at a rulemaking hearing. This takes place before the rules, also referred to as regulations, are finalized and take effect. The public may comment on the proposed rules and provide additional data to the Board of Medicine. Rulemaking hearings are different than legislative hearings in that the statute itself cannot be changed. All changes must follow the policy mandate set forth in the law as was passed by the legislature and signed by the Governor. For example, the grandfathering provision could not be removed by the Board of Medicine during rulemaking. During this process, ASA will work closely with our legislative professionals and members to persuade the Board of Medicine to collect comprehensive data which will allow the compilation of data and research in the future to forward the profession of surgical assisting in Virginia and nationwide. The Board of Medicine then analyzes and responds to the public’s comments and writes a final rule. The rules must be finalized and made public by July 1, 2014: the law’s effective date. The surgical assistant registration will launch afterward and establish a standard of care that will move the hiring process in Virginia toward certified and registered surgical assistants.

FLORIDA 2014 LEGISLATION

ALMOST BUT NOT QUITE

The most important victories are often the longest fought. On Friday, May 2nd, the Florida surgical assistant legislation came one vote away from passing the Florida Senate and House of Representatives. The legislation, as introduced this year, required all newly-practicing surgical assistants to be certified as CSFAs, CSAs or SA-Cs and required all newly-practicing surgical technologists to be CSTs. (In the early stages, licensure for surgical assistants was part of the campaign; however, the Senate President, President Don Gaetz would not pass a licensure bill. Changing the legislation to certification caused President Gaetz to become neutral.

In past years, the ASA Florida surgical assistant certification legislative initiative has faced opposition from the Florida Hospital Association and the physician assistants, in the Senate and the House. Many tactics have been employed to build support with much support from FL-AST and AST. First, FL-AST hosted a mock surgery to show legislators the OR, and then produced a Day on the Hill. In addition, Florida ASA and AST members have stormed the Capitol in white coats on multiple occasions during important committee hearings and floor votes. Many letter campaigns have been launched. Florida ASA and AST members have become so adept at letter campaigns, more than 200 Florida members generally reach out to their legislators in just a few days. This grassroots activism along with very skilled and connected lobbyists has built support for this initiative. This year, the Florida Hospital Association was pacified, the physician assistants were neutral, and the issue gained the support of many legislators.

Before the legislative session started, ASA's lobbying team knew it would take considerable strategy to pass the legislation through the House. Despite employing the tactics discussed above, and despite many Florida surgical assistants reaching out repeatedly to key legislators in the House, some legislators in the House continue to oppose Florida surgical assistant legislation. It was decided that instead of introducing a stand-alone piece of legislation, that was sure to face certain death in the House Health and Human



Libby McNaron, RN, CST, FAST, CSFA, CNOR and Florida State Assembly President; Shannon Smith, CST, CSFA; Pete Buigas and Melaney Cordell (AST/ASA lobbyists). The legislation passed the Senate 40-0.

Services Committee, that the surgical assistant and surgical technologist language would be added to an existing bill that had already been through the House Health Committee. It was a new strategy, but given the legislation's considerable support in the Senate, it was determined to be a feasible approach.

ASA's lobbyist, with backing from the entire leadership in the Senate, got the surgical assistant and surgical technologist language added to not one, not two, but five pieces of legislation. Not only was the language on five bills, but also three of the bills were considered "must pass." The final votes on all these pieces of legislation came down to the 11th hour. This is common as the Florida legislature has a very short legislative session. The last day of session, the key leaders of the legislative campaign watched the House and the Senate intently. All five pieces of legislation were one or two votes away from going to the Governor. At this stage, nearly all lobbying and grassroots ceases, as legislators are practically locked on the floor voting on hundreds of issues. Emails and calls no longer get through. Legislative aides and top lobbyists have no access. Throughout the day, ASA's language kept passing through the Senate and getting tabled in the House. Finally, in the evening, the final day of session, one bill with the surgical assistant language was taken up in the House. Three House members vocally opposed the surgical assistant language and it was stricken from the legislation. Shortly after, all health care bills were dead. However, Team Florida, the committed team of surgical assistants and surgical technologists, are not giving up the fight. Every year new obstacles are overcome, and each year fewer remain. Florida is a very important state for building the profession, and victory is in sight.

ASSOCIATION OF SURGICAL ASSISTANTS



ANNUAL REPORT

Dennis Stover, CST, CSA, ASA President

IT IS MY PLEASURE TO REPORT TO YOU that the state of the Association of Surgical Assistants is strong and thriving. Over the past year our membership has continued to flourish. Membership currently stands at 1,132. Much has been done within ASA to reshape itself, transcending toward building an independent organization to representing the interest of all individuals practicing as surgical assistants regardless of which certification they maintain. ASA is focused on representation and support for the CSFA, CSA and the SA-C.

MEMBERSHIP

Our membership has continued to grow and we are focused on new and innovative ways to grow that membership. The student base within ASA continues to grow as well. An area of focus moving forward will be student member retention.

FINANCES

2013 was a good year financially for ASA. We ended the year with more than \$8,000 in the black. The ASA Board agreed with the AST Board that it is important that we allocate \$50 of ASA dues to AST to support the wide range of services that ASA is not yet able to provide independently. Consequently, the ASA Board voted to increase ASA member dues for active and associate members by \$25 beginning January 1, 2014. ASA dues are now \$175.00. Student dues remain at the present level.

LEGISLATION

ASA currently has one bill that we are supporting in Florida. The bill was passed unanimously in the Senate and is currently awaiting action in the House. ASA is pleased that our bill in the state of Virginia passed and is waiting for Governor McAuliffe to sign it. Worth noting here is that ASA has funded our own legislative initiatives up to this point.

EDUCATION

The Board of Directors for the Association of Surgical Assistants appointed surgical assistants and surgical assistant representatives from the Accreditation Review Council on Surgical Technology and Surgical Assisting (ARC/STSA) and the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to update and revise the Core Curriculum for Surgical Assisting.

This important educational publication ensures that all surgical assisting students study and master the same benchmark information. The Core Curriculum has also been employed in legislative discussions and provides legislative bodies with the details of the surgical assistant role.

In November, ASA published the new third edition of the *Core Curriculum for Surgical Assisting*. This publication is now available for purchase and use. ASA member dues funded this effort

Our education committee continues to work on Standards of Practice to meet critical mass issues for the practicing surgical assistant. We have published the first Standards for local injection and trocar insertion. We will continue to identify areas in the surgical assisting profession that must be addressed through SOPs.

A Fall Meeting and Workshop is being planned for Orlando, Florida, on October 31. Topics will focus on business and legislative issues that confront the surgical assistant.

OTHER ENDEAVORS

For the first time, the United States Bureau of Labor Statistics (BLS) is working with ASA to develop a separate definition of the surgical assistant that is anticipated to be published next year. This definition will be a template for facility employers to complete and return. The discussions with the Bureau of Labor Statistics have been very positive, and it looks promising that the national results would be published in the Occupational Outlook Handbook in 2015. Median pay, information regarding the median pay, work environment, job outlook, employment outlook and required education for the surgical assistant practice would be available. Currently,

information regarding the surgical assistant has been melded into the surgical technologist definition. Below is the information that has been provided to the BLS to help distinguish the two roles.

Surgical Technologists Comparison to Surgical Assistants

Surgical technologists and surgical assistants should be classified as separate professions, as these professions are classified separately by employers, have separate educational pathways, certifications, professional associations, malpractice insurance requirements, insurance billing practices, and varying hospital credentialing policies and compensation. In addition, surgical technologists and surgical assistants have distinct state statutes and regulations in 14 states with additional legislation pending in others. Finally, surgical assistants' and surgical technologists' task and roles in the operating room vary.

Insurance Reimbursement Issues

ASA has been quite busy dealing with many different layers dealing with the reimbursement of surgical assistants. We have formed a Billing and Reimbursement Taskforce to deal specifically with these issues. The taskforce met in Savannah, Georgia, on February 22. This taskforce is developing a complete resource guide for the surgical assistants that will be posted behind the members' only area on our website.

While mentioning the website, I need to also include the growing influence of ASA Facebook which has served as a strong resource for surgical assistants to discuss current issues — the most pressing one is the denial of

claims by United Healthcare (UHC). This is a vocal group, as we know, and the sustained pressure that surgical assistants have maintained on UHC has cracked their resistance and reimbursement seems to be resuming. The ASA website has become a central resource for the profession.

Part and parcel of the reimbursement issue is the inaccurate taxonomy code which was one of the strong discussion points of the ASA Billing and Reimbursement Taskforce. ASA has applied to update and clarify the taxonomy code for surgical assistants. We anticipate hearing a decision from the National Uniform Claim Committee (NUCC) in July. The NUCC works under the auspices of the American Medical Association.

Networking for Unity

ASA has reached out to the National Surgical Assistant Association (NSAA) to come to the table and discuss issues of commonality where we can be of mutual benefit to each other and the profession. There is a meeting scheduled for May 17, 2014, between the executive boards of both organizations. I am hoping that this meeting will open up avenues of cooperation between our two organizations and advance the profession of surgical assisting.

ASA/NSAA

JOINT MEETING ANNOUNCEMENT



The Association of Surgical Assistants (ASA) and National Surgical Assistant Association (NSAA) continue to commit our efforts toward supporting the profession of the non-physician surgical assistant.

To this end, we have embarked on the establishment of joint committees on minimum educational standards, legislative efforts, healthcare reimbursement, and ethical billing practices.

We recognize there are several legitimate pathways for students and allied health professionals to reach status as a practicing surgical assistant. To better protect each of these, and provide impetus for continual improvement for all, we have also begun investigating the prospect of establishing



Leadership from the Association of Surgical Assistants and the National Surgical Assistants Association met in Chicago to identify areas of common interests. Pictured Front: JP Flagg, Kathy Duffy, Theresa Conyngham; Middle: Doug Hughes, Dennis Stover, Dan Baird, Zak Elgamal; Back: Bill Teutsch, Greg Salmon, James Willowbee and David Jennette.

a national registry for credentialed surgical assistant practitioners. We believe a national registry will serve to facilitate verification of credentials

and unify the profession within the healthcare community.

Both boards are fully committed to continued collaborative discussions.



Meet Bill Finerfrock

2014 Orlando Keynote Speaker

"Opportunities and Challenges for Surgical Assistant Reimbursement Under the Affordable Care Act"

ASA is very fortunate to present a distinguished expert in healthcare legislation who has been working with the US Congress and Federal agencies on health policy matters for the last 30 years.

Finerfrock specializes in health care financing, health systems reform, health workforce and rural health.

Especially notable to the practicing surgical assistant is that he was

hired as the first federal lobbyist for the Physician Assistant profession and served for eight years as the Director of Federal Affairs for the American Academy of Physicians Assistants. While with the AAPA, Finerfrock successfully lobbied Congress to approve Medicare coverage for physician assistants; commissioned officer status for all PAs in the uniformed services; authorization for PAs to receive

National Health Service Corps scholarships and loans, among other things.

Mr. Finerfrock is the President and Owner of Capitol Associates (CAI), a government relations/consulting firm based in Washington DC. Prior to assuming ownership of CAI, Finerfrock was a Senior Vice President in the company for more than 20 years.

The keynote presentation is scheduled to begin at 5:30 pm on October 31.

BILLING AND REIMBURSEMENT TASK FORCE

Kathy Duffy, CSFA, CSA,
ASA Secretary, Chair

On February 21, the ASA Billing and Reimbursement Task Force met in Savannah, Georgia. The purpose of this taskforce was to gather a group of independent practitioners, billing companies, and insurance industry experts to identify reimbursement barriers for the independent surgical assistant practitioner and to develop strategies that will hopefully aid in changing the climate related to reimbursement.

The ASA Taskforce team includes: Luis Aragon, CSA, LSA; RSA; David Bartzak, CSA, OPA-C, LSA; Pete Buigas; Kathy Duffy, CSFA, CSA, chair; Fred Fisher, CSFA, CSA; Benn Psalms, SA-C; Greg Salmon, CSFA, CSA, ASA board liaison; and Christina Tuchsén, CSFA, SA-C, LSA.

The change in United Healthcare reimbursement policies drove the decision to form the taskforce, but taking it a step further, the main focus was expanded to identifying other barriers to reimbursement faced by the non-physician surgical assistant offer possible solutions to those barriers.

Three main barriers were identified:

- *Taxonomy number*

This number is a selection made when applying for an NPI number that is required for reimbursement of services. Currently, there is an existing number available to the surgical assistant, listed under the general specialist/technologist category, along with many others, including

surgical technologist (that currently has no role definition). This blurring of descriptions contributes to the confusion that the taskforce is working to remedy. Members of the taskforce have been working with ASA to apply to the NUCC to make the needed changes that would distinguish the surgical assistant from the surgical technologist.

- *Incorrect billing practices*

It's very important that the independent surgical assistant have a billing company that is familiar with billing practices exclusive to a surgical assistant. That being said, it's also very important that the process of "how to" set up a surgical assistant practice, and identify available options to the new assistant, so that new practitioners can start off on the right foot. The ASA Taskforce has developed specific documents and collected them as a member benefit for ASA members. Business 101 is a tab that is behind the "Members Only" wall on the ASA website that will be a resource for all members addressing the challenges of setting up a surgical assisting practice. There will be a PowerPoint presentation, a sample credentialing packet, a sample CV, sample appeal letters, and other useful information. It will be available to ASA members only May 1, 2014.

- *ASA Position Statement:*

The common challenge that confronts the surgical assisting

profession is the lack of education related to what a surgical assistant is and does. Conversations with Cigna Insurance and now with United Healthcare involved educating them on just what is a surgical assistant. ASA has developed a position statement that can be sent to the insurance companies, or given to insurance companies and OR directors that will educate them as to what exactly our role in the operating room is, our scope of practice and the difference between the surgical assistant and the surgical technologist.

ASA has developed a generic appeal letter that is intended for individual state insurance commissions that could be used in the appeal process, citing Section 2706 of the Affordable Care Act.

United Healthcare Reimbursement continues to confound and confuse members of this profession. Customer service representatives seem to be out-of-the-loop regarding policy changes, and questions are answered differently every time they are asked, depending on who is on the other end of the phone. One definite approach is that there are demographic changes that need to be made on the individual profile of each provider, requested in writing by either fax or email, and a 30-day window (excluding weekends and holidays) for processing. We continue to attempt to request that United restore the reimbursement policy to previous versions as soon as possible. States with existing legislation favoring licensure and/or registration of the surgical assistant seem to have a better foot hold on changing payment policies, emphasizing the need for legislative action in favor of the surgical assistant.



EARN UP TO 15 CONTINUING EDUCATION CREDITS AT THE 2014 ORLANDO MEETING

OCTOBER 31–NOVEMBER 1, 2014 HOLIDAY INN ORLANDO—LAKE BUENA VISTA All CSTs, CSFAs, CSAs and SA-Cs are invited.

Attendance is limited to 150. Confirmation will be emailed at least 20 days prior to the meeting. Onsite registration will be available on a space-available basis. All cancellations must be received in writing by October 15, 2014.

Accommodations: Holiday Inn Orlando Downtown Lake Buena Vista, Florida; 1805 Hotel Plaza Blvd, Lake Buena Vista, Florida 32830, 877-394-5765. **Rates:** \$119/night plus tax, single or double, occupancy. **Reservation deadline** is September 15, 2014. Room block is limited.

ASA MEETING AGENDA

FRIDAY, OCTOBER 31, 2014

11 am–5 pm **Registration**

1–5 pm 4 CEs

Hands-on Stapling and Energy Workshop (must register for meeting)

Station 1: Advanced Stapling products with focus on Endo Stapling—Powered and manual handles and all associated reloads.

Station 2: Advanced Energy products focused on Vessel Sealing and Ultrasonic—LigaSure and Sonicision products.

Station 3: Pelvic Trainer skills training.

Station 4: Suturing station focused on knot tying and V-Loc products.

Station 5: Open stapling products and procedures.

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Limited enrollment

5:30–7:20 pm 2 CEs

Keynote Address: Opportunities for Surgical Assistant Reimbursement Under the Affordable Care Act

Bill Finerfrock, president,
Capitol Associates

7:30–8:30 pm **Reception**

SATURDAY, NOVEMBER 1, 2014

7:45–8 am **Welcome**

8–9:50 am

Hot Topics — Your Turn to Speak Out

10–10:50 am

Do Unto Others: Humanizing Healthcare

Lanalee Araba Sam, MD, Diplomate American Board Obstetrics & Gynecology

11–11:50 am

Legislative Update/Outlook

Noon–1 pm

Lunch (sponsored by NBSTSA)



1–1:50 pm

Billing and Reimbursement Taskforce Update

Kathy Duffy, CSFA, CSA, Chair

2–2:50 pm

Billing and Reimbursement for Early Career Practitioners

Luis Aragon, CSA, LSA, RSA

3–3:50 pm

Billing and Reimbursement for Experienced Practitioners

David Bartczak, CSA, OPA-C, LSA

4–4:50 pm

Medical Ethics and Reimbursement

Christina Tuchschen, CSFA, SA-C, LSA

5–5:50 pm

ASA Board Strategic Vision — We Hear You!

ASA ORLANDO MEETING FEES (Includes Friday reception and keynote, Saturday Ed sessions and lunch).

Mail to: ASA, 6 W Dry Creek Cir, Ste 200, Littleton, CO 80120, 303-694-9130, www.surgicalassistant.org

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(currently enrolled in CAAHEP-accredited surgical assisting program)

Nonmember: \$300

Hands-on Workshop

ASA Member: \$200
Nonmember: \$250

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(No purchase orders accepted)

VISA MC AmEx

Name on Card _____

No. _____ Expiration Date _____

Total amount charged \$ _____

Signature _____



Join ASA— the only professional surgical assisting organization that:

- ✓ Developed the first professional surgical assistant reimbursement network in Florida for credentialed surgical assistants.
- ✓ Working with the BLS to provide a definition of the role of the surgical assistant – surgical assistants will now be entered in the National Register.
- ✓ Provided major financial support in Florida and for **enacting legislation** in Virginia
- ✓ Offers an authoritative job description
- ✓ Sponsors billing and reimbursement education opportunities
- ✓ Researches and provides Recommended Standards of Practice
- ✓ Publishes the *Core Curriculum for Surgical Assisting*
- ✓ Sponsors advanced-level hands-on workshops, including robotics, cadaver labs, endovascular harvesting, and learning-at-sea cruises
- ✓ Offers discounts to take the CSFA examination
- ✓ Publishes information that's relevant in the quarterly *The Surgical Assistant*
- ✓ Sponsors an annual meeting that features nationally recognized surgeon speakers
- ✓ Hosts open Facebook site for surgical assistants
- ✓ Hosts an open Discussion Board
- ✓ Host an open online Jobs Board
- ✓ Offers ASA dues-paying members free opportunities to post Positions Wanted

Join ASA to advance your career in surgical assisting and advance our profession.

www.surgicalassistant.org





*6 West Dry Creek Circle, Suite 200
Littleton, CO 80120*



2014 FALL ORLANDO MEETING

OCTOBER 31-NOVEMBER 1

**Ask the questions you want to know
about the profession of surgical
assisting – and get the answers!**