

# AST BOARD OF DIRECTORS APPROVES ASA DUES CHANGES

The Association of Surgical Technologists Board of Directors has approved a change to the ASA membership dues structure.

AST members may now join or maintain their membership in the Association of Surgical Assistants for an annual dues fee of \$20, an \$80 per year drop from the previous dues of \$100 for AST members. "We hope that this

change will encourage membership and participation, which are much more important to ASA at this early stage of its growth than pure revenue," said Government and Public Affairs Director Ben Price. He continues, "Additionally, we are working to streamline the membership process and ensure that ASA members begin to receive their membership cards

and other materials in a more timely manner."

AST members who have not already joined may join ASA at any point in their AST membership cycle for \$20, which will carry their ASA membership through the end of their current AST membership. At the time of AST renewal, they may pay \$100 to maintain both memberships.

## 2003 LEGISLATIVE SESSION GEARS UP

The 2003 legislative session is underway, and several surgical assistant groups and AST state assemblies are working together on various types of surgical assistant legislation.

### Georgia

The Georgia Surgical Assistants Association is working toward passage of a surgical assistant licensure bill in the 2003 legislative session. GSSA and Georgia lobbyist William Winfield met with the Medical Association of Georgia and other key stake-

holders during the fall of 2002, receiving a promised neutral response from key groups. They hope to see a bill introduced in early February. The bill would contain strong grandfather language for the protection of currently employed surgical assistants, with educational and certification requirements that would be effective at a date in the future. Please watch [www.surgicalassistant.org](http://www.surgicalassistant.org) for information and updates.

### Texas

The Texas Society of Surgical Assistants is working toward legislative changes to the surgical assistant licensure law, as well as the pro-

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# TEXAS LICENSED SURGICAL ASSISTANTS TO BE ELIGIBLE FOR STATE MEDICAID REIMBURSEMENT IN 2003

As a result of provisions in Texas HB 1183 (surgical assistant's licensing bill), licensed surgical assistants will soon be eligible to be reimbursed for Medicaid cases. The Medical Care Advisory Committee, an advisory committee to the Texas Health and Human Services Commission ("Commission"), recommended, on November 14, 2002, publication of a proposed rule to reimburse licensed surgical assistants. The rule will be published in the Texas Register sometime in early 2003, and a public comment period will follow. After public comment, the Commission may adopt the proposed rule as

published or make changes based on the public comment, if any, that it receives.

The proposed rule, if adopted, would reimburse licensed surgical assistants at the rate of 85% of the assistant surgeon's fee on cases determined by the Commission to require a surgical first assistant. Under state Medicaid, the assistant surgeon is compensated at 16% of the surgeon's fee. Therefore, under the proposed rule, the licensed surgical assistant would be compensated 85% of 16%, or 13.6% of the surgeon's fee.

The first rule presented to the Advisory Committee reimbursed the assistant at 50%

of the assistant surgeon's fee and required the assistant to bill through the surgeon. Terry Morris, TSSA vice president, and Bob Kamm, TSSA lobbyist, both testified before the Committee and proposed alternate language that was ultimately adopted by the Advisory Committee.

The proposed rule, when published, can be reviewed at the Texas Secretary of State web site, [www.sos.state.tx.us](http://www.sos.state.tx.us); click on "Texas Register." It is expected that the final rule will be adopted and implemented in spring or early summer 2003. For additional information, contact TSSA Austin lobbyist Bob Kamm at 512-477-2008.

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## LICENSED SURGICAL ASSISTANTS IN TEXAS MAY BE INELIGIBLE FOR WORKERS COMPENSATION REIMBURSEMENT

For many years, Texas has been one of the only states to offer its surgical assistants compensation through Workers Compensation for services performed as a surgical assistant.

Under new medical fee guidelines ("mfg") proposed by the Texas Workers Compensation Commission ("Commission"), licensed surgical assistants would be ineligible for reimbursement for services provided to a patient covered under workers compensation. The new mfg replaces the 1996 mfg. The new mfg is based on the federal Medicare system. Currently, surgical assistants are not eligible for Medicare reimbursement, and by extension, will not be eligible should the new medical fee guideline be implemented in Texas.

Implementation of the new mfg has been delayed due to a lawsuit filed by the Texas Medical Association and the Texas

AFL-CIO. The case was set for trial on January 6, 2003. Depending on the outcome of the suit and action by the Commission, surgical assistants may have an opportunity at the agency level to request the Commission to make an exception for surgical assistants. The exception would be premised on the fact that first assistants are reimbursed under the 1996 mfg and that they provide quality health care and a lower cost than physician surgical assistants.

If a change cannot be implemented at the agency level, the Board of TSSA may consider introducing a bill during the 2003 legislative session to reimburse first assistants for services provided in workers compensation cases. For further information, contact TSSA's Austin lobbyist Bob Kamm at 512-477-2008.

# TEXAS SURGICAL ASSISTANTS ASSOCIATION LEGISLATIVE COMMITTEE SEEKS LAW CHANGES

TSSA Legislative Committee has made several recommendations for the upcoming legislative session. If approved by the TSSA Board, they will become the basis of TSSA's 2003 Legislative Agenda.

The first recommendation amends Chapter 206 of the Occupations Code (the surgical assistant licensing act) to make it clear that a licensed surgical assistant may bill directly for services. HB 1183 did not directly address the issue of direct bill, although the authority was implied in language amending the Insurance Code. The Committee decided that it was important to make this abundantly clear in the licensing act.

The second recommendation addresses the issue of license renewal. Currently, Chapter 206 provides for annual renewal of the surgical assistant license. The Committee recommended that renewal take place every three years. Continuing medical education requirements would remain on an annual basis.

The Committee has reviewed two other issues, but no firm recommendations have been made. The first issue relates to workers compensation reimbursement (see article relating to workers compensation on page 2). Since at least 1996, the Texas Medical Fee Guidelines have reimbursed surgical assistants. New guidelines, based on Medicare, do not provide for reimbursement of surgical assistants. The Committee is considering legislation that would allow the surgical assistant to be reimbursed under the new guidelines.

Another key issue involves the amount of work experience or clinical training required of an applicant for license. Chapter 206 requires that an applicant demonstrate completion of at least 2,000 hours of performance as an assistant in surgical procedures for the three years preceding the date of application. Chapter 206 also requires an applicant to possess a national certification. The national certifying organizations all have different work experience requirements that in turn are

inconsistent with the Chapter 206 requirement of 2,000 hours. And, to compound matters, the experience is sometimes measured in cases rather than hours, making an easy comparison difficult.

The committee has discussed the idea of introducing a period of time less than the 2,000 hours that would still assure adequate training and experience for an eligible candidate for licensure. The lower hourly requirement would be closer to the experience required by national organizations. It would also make it easier to design surgical assistant programs with clinical components that could be completed during the program so that a graduate would be eligible to sit for the exam upon graduation.

The Committee or TSSA Board has made no final decision. The Committee welcomes your opinion as to how the work experience should be addressed in the proposed legislation. Please contact TSSA lobbyist Bob Kamm at 512-477-2008 or [bkamm@sbcglobal.net](mailto:bkamm@sbcglobal.net).

## 2003 LEGISLATIVE SESSION GEARS UP

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tection of workers compensation reimbursement for licensed surgical assistants. Details appear in separate article in this newsletter.

### Indiana

A group of surgical assistants in Indiana have begun work on a surgical assistant third party reimbursement bill. The Indiana legislation would require third party payers in the state to reimburse CST/CFA and other certified surgical assistants for

their services as assistants at surgery in cases where a physician would otherwise be reimbursed as the assistant. The group is working through a prominent Indiana lobbyist, and hopes to build a larger surgical assistant coalition over the next several months. In this state, funding is going to be a key to success. Indiana surgical assistants should contact Ben Price at 800-637-7433, ext 238 for further information.

*Several other states are either in the beginning phases of their legislative efforts or are regrouping and making decisions at this time about the 2003 legislative session. Please watch [www.surgicalassistant.org](http://www.surgicalassistant.org) for further information and news as the year progresses.*

# SPREADIN' THE NEWS: FIRST ANNUAL ASA FORUM IN WASHINGTON, DC

On Friday, September 13, 2002, the ASA section held a lobby day in Washington, DC, where more than 55 surgical assistants attended 78 appointments with the legislative staff of the congressmen and senators from their states. At these meetings, the health staff members were presented with information and fact sheets about our profession, our background and training, and our issue: Medicare reimbursement for qualified surgical assistants.

All in attendance agreed, the lobby day was a success—if for no other reason than that many health staffers remembered our group from the year before, and those who didn't, now know about our profession. Several members also had the opportunity to meet with their Senators or Congressmen personally.

Saturday's educational focus was "The Business of Surgical Assisting," with a special keynote address by Glenn Geelhoed, MD, MPH, PhD, professor of international medicine at George Washington University. Since 1966, Geelhoed has spent from three to six months of every year acting as a medical missionary—serving the neediest of people and training them to continue in his absence. He is a widely published author accredited with several books,

most recently, "Out of Assa: Heart of the Congo," as well as over 500 published journal articles and book chapters. Geelhoed's presentation was so interesting that members requested that he be allowed to continue, and the schedule was shuffled so that he could present further information about his travels and opportunities for surgical assistants to assist with his efforts.

Saturday afternoon brought a presentation by Robert Kamm, lobbyist from Texas, about the successful effort of a small group of surgical assistants in that state to pass a licensure law for surgical assistants. This opened up a very productive discussion about legislative efforts that continued Sunday morning, when we were joined by Washington lobbyist Bill Finerfrock of Capitol Associates, our lobby representative in Washington, DC.

During this presentation and question/answer period, an analysis was presented on the Medicare reimbursement issue following the recent publication of the Medicare Payment Advisory Commission's study on reimbursement for the services of surgical technologist surgical assistants. The MedPAC study recognized that qualified individuals should be reimbursed by Medicare, but also recognized

that a state-level credentialing mechanism is not currently in place, and that this would allow Medicare to more easily identify "qualified" individuals. Clearly, the Medicare reimbursement issue is one that we will be continuing to work on for quite some time (other groups have been working on this since 1986), but not an unattainable goal. Groups from around the country shared their various efforts and networked so that they can work together in the future toward their similar state-level credentialing goals.

The forum ended with a discussion on the goals and needs of The Association of Surgical Assistants. Some interesting ideas were presented, including the need for networking opportunities to be provided via the Web site and other means. These will be implemented soon.

The Second Annual Association of Surgical Assistants Forum will be held the first weekend in September 2003, in Washington, DC, at a location to be announced. Plan now for your participation in this exciting event!