



**CERTIFIED SURGICAL ASSISTANTS
SUNRISE REVIEW**

**FINAL REPORT
1995**

**COMMITTEE OF REFERENCE
REPORT ON THE SUNRISE HEARING FOR THE
REGULATION OF CERTIFIED SURGICAL ASSISTANTS**

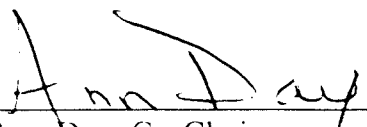
DATE: November 15, 1995

TO: THE JOINT LEGISLATIVE AUDIT COMMITTEE
Senator Patti Noland, Chair
Representative Sue Grace, Chair

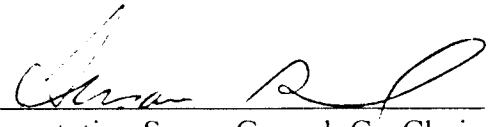
Pursuant to Title 32, Chapter 31, Arizona Revised Statutes, the Committee of Reference, after performing a sunrise review and conducting a public hearing, recommend the following:

A board regulating certified surgical assistants not be created.

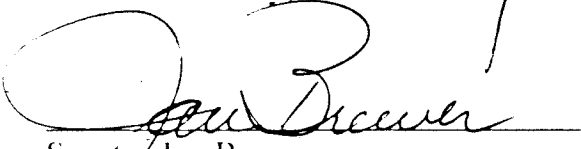
COMMITTEE OF REFERENCE



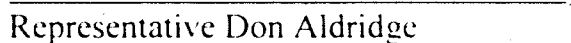
Senator Ann Day, Co-Chair



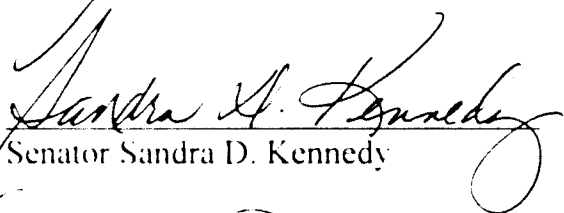
Representative Susan Gerard, Co-Chair



Senator Jan Brewer



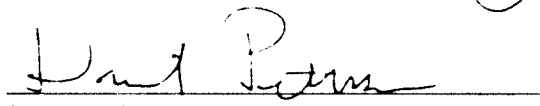
Representative Don Aldridge



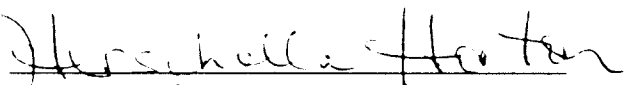
Senator Sandra D. Kennedy



Representative Lou-Ann Preble



Senator Petersen



Representative Herschella Horton

Senator James Henderson, Jr.

Representative Kathi Foster

**COMMITTEE OF REFERENCE
REPORT ON THE SUNRISE HEARING FOR THE
REGULATION OF CERTIFIED SURGICAL ASSISTANTS**

I. BACKGROUND

Pursuant to section 31-3104, Arizona Revised Statutes, the Joint Legislative Audit Committee (JLAC) assigned the sunrise review of the regulation of holistic dentists to the Senate and House Health Committee of Reference. Attached is a copy of the application for regulation submitted to the Committee of Reference by the West Coast Surgical Specialists, Inc. (Attachment A.)

II. COMMITTEE SUNRISE REVIEW PROCEDURE

On November 15, 1995, the Committee of Reference held a public hearing to receive testimony on the proposed regulation of surgical assistants. Those testifying included practicing surgical assistants, and the Arizona Medical Association.

The proposal was to create a separate board to certify and regulate surgical assistants. Currently, the scope of practice for surgical assistants is regulated by individual hospitals which choose to utilize this level of medical assistant. The West Coast Surgical Specialists, Inc. submitted a written report to the committee which addressed the following factors:

- A. A definition of the problem and why a separate regulatory board for surgical assistants was necessary, including the extent to which consumer needs will benefit from a separate board.
- B. An explanation of the nature of potential harm to the public if the profession was not regulated separately.
- C. An explanation of a need to establish a maintenance of ethical and educational standards within the profession.
- D. Suggested legislative language.

III. COMMITTEE RECOMMENDATIONS

1. The Committee recommended that a separate regulatory board for surgical assistants not be created.
2. The Committee recommended that the surgical assistants work with the various groups, including the Arizona Hospital Association, Board of Medical Examiners, Board of Nursing, and Arizona Medical Association, to formulate a proposal for regulation possibly under an existing board.

IV. ATTACHMENTS

- A. Application for Regulation
- B. Minutes of the Committee of Reference Meeting

ATTACHMENT A



October 17, 1995

Attn: Lisa Barnes
Office of Representative Sue Grace
House of Representatives
1700 West Washington
Phoenix, AZ 85007

Dear Lisa:

Here are the 15 packets you requested for the JLAC Committee. I hope that these will explain what you need to know about the Certified Surgical Assistant; but if you need more information, please don't hesitate to call me.

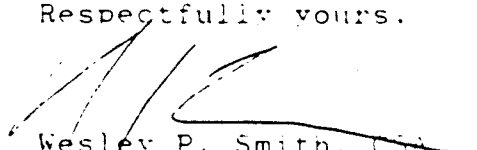
Prior to going to an educational program in the training of a Surgical Assistant, you must have successfully completed a Surgical Technologist program, a Registered Nursing program, or a Physician Assistant program and have at least a minimum of five years experience in the operating room assisting the surgeon.

After completion of the Surgical Assistant program a Bachelor's degree is issued (a list of recommended surgical assistant programs and education requirements are enclosed in the packet). Most of the Surgical Assistants who have been in the field for over 15 years were initially trained as Surgical Technologists and have received their Surgical Assistant qualifications through clinical training and continuing education.

To become Certified as a Surgical Assistant, you must meet the requirements set by the National Surgical Assistants Association (brochure enclosed). To remain certified, the Certified Surgical Assistant must complete a minimum of 25 Continuing Medical Education units per year in the scope of their practice. These hours can be obtained through a number of hands-on surgical clinics offered around the country by the American Medical Association, Association of Operating Room Nurses, Association of Surgical Technologists, and National Surgical Assistants Association.

Thank you very much for everything that you are able to do for us.

Respectfully yours,


Wesley P. Smith, CSA
President



INTRODUCTION

As in other Allied Health Care Professionals such as a Physician Assistant and Registered Nurse, the **Certified Surgical Assistant** under supervision of the operating surgeon is directly involved in the health care of the public in a specialized area. *The Certified Surgical Assistant is not an additional member of the surgical team but a replacement in the role previously performed by other surgeons or physicians.* The Certified Surgical Assistant works as the sole assistant to the operating surgeon or in some cases the second assistant. To work in this role you clearly need to have a **great amount of practical experience and knowledge and skill in ALL surgical procedures.** The demand for Certified Surgical Assistants in Arizona has increased dramatically over the last couple of years as more surgeons recognize the skills, knowledge, and availability of the Certified Surgical Assistant.

Regulation of the scope of practice of the Certified Surgical Assistant has presently been left to each individual hospital. It is clear that *regulation and licensure is necessary for this field in order to maintain a high standard of surgical care* for the public who depends on this high quality especially in life- threatening and emergent circumstances.

A Certified Surgical Assistant is a **specialized, highly trained professional** who is with the patient:

- * prior to surgery to carry out preoperative procedures and position the patient;
- * during surgery to assist the supervising operating surgeon on the patient's surgical procedure; and,
- * after surgery in the post-operative evaluation of the patient.

This assures that the patient is getting the highest quality of health care, and for this reason much of the burden of the supervising operating surgeon is relieved.

The Certified Surgical Assistant *fee for service rates are much less than the rates that another physician or surgeon would charge in the same role* as a first assistant to the operating surgeon.

Certified Surgical Assistants offer a great benefit to the public for two reasons:

- 1) High quality of care and.
- 2) Less money paid out by the public for their health care.

Other than another surgeon in the specialty of the supervising operating surgeon, the *Certified Surgical Assistant is the most qualified alternative as an assistant to the operating surgeon in the particular specialty.* There is no other professional who is more qualified to effectively function in this role in surgery. The public needs to know who the Certified Surgical Assistant is and there is no better way than through regulation and licensure.

DEFINITION: Certified Surgical Assistant

A Certified Surgical Assistant is one who assists the surgeon in the performance of any surgical procedure, working under the supervising operating surgeon's direction. The Certified Surgical Assistant may be employed by the operation surgeon or as an independent contractor hired by the operating surgeon. A Certified Surgical Assistant:

- * acts as a first or second assistant to the surgeon having extensive knowledge of anatomy and physiology.
- * assists the surgeon in draping of the patient.
- * retracts tissue and exposes operating field area during operative procedures.
- * clamps and ties vessels to control bleeding during surgical entry.
- * keeps the operative site dry.
- * affords the surgeon the best possible exposure of the anatomy incident to the operation.
- * assists the surgeon in identifying any structure which should not be ligated and keeps these structures from the operative site by retraction.
- * performs minor surgery under direct supervision of the operating surgeon such as harvesting saphenous vein and bone graft from various sites -- separate, but -- during the primary procedure.
- * is prepared to anticipate the moves of the surgeon.
- * is knowledgeable in ALL surgical procedures sufficient enough to assist the surgeon in any way.
- * knows all instruments used in ANY procedure.
- * assists in closure of the incision including tying off the bleeders, applying sutures and wound dressings, and performs any and all tasks required of him by the surgeon, incident to the particular surgical procedure.

They keep abreast of new developments in surgery by attending seminars, workshops, and other educational activities, conducted by professional surgical assisting associations.

The ability to perform under pressure in stressful and emergency situations is a quality essential to Certified Surgical Assistants. A stable temperament, a strong sense of responsibility, considerable patience, and concern for order are required. Manual dexterity and physical stamina are vital. They must be able to work quickly, but accurately, and must be oriented to detail, yet able to integrate a number of activities according to priority.

Certified Surgical Assistants must be keenly sensitive to the needs of the patient as well as to the needs of other members of the surgical team. Individuals who practice this profession have a strong desire to help others and make a valuable contribution to society.

CERTIFICATION

To qualify for the examination, a Surgical Assistant must have candidate status with National Surgical Assistant Association (information on this association enclosed). The requirements for Candidate Membership are as follows:

- * completion of a qualified Surgical Assistant program.
- * three years experience with 750 hours per year as a First Assistant in the Operating Room.
- * verification by affidavit of hours worked, by supervisor, physician, or medical records.
- * five letters of recommendation verifying the said person's experience (four physician, one supervisor sponsored).

Applications for the certification examination are reviewed on an individual basis. Provisions are made for military trained assistants.

Once certified through the National Surgical Assistant Association, the Certified Surgical Assistant must follow the Professional Code. (Copy Enclosed)

PRIVILEGES

To obtain privileges for the Certified Surgical Assistant for each hospital affiliation, the process is no different for the Certified Surgical Assistant than it is for a physician (bylaws and regulations from a local Tucson hospital enclosed). Before the Certified Surgical Assistant is granted privileges at the various hospitals, all credentials and qualifications of the Certified Surgical Assistant are meticulously investigated and researched through each Medical Staffing office and Credentialing Services of Arizona before being presented to the Credentialing and Privileges Board and the Board of Surgery. Only then can the Certified Surgical Assistant receive temporary privileges. Temporary privileges are granted for a period of three to six months.

During this time the Certified Surgical Assistant, in order to obtain full privileges, must obtain observation forms signed by the supervising operating surgeon, of at least twenty five cases the Certified Surgical Assistant has first assisted on or three to four cases in each specialty. These observation forms will be turned into the Surgery Committee by the surgeons so the Certified Surgical Assistant can be evaluated. Once the temporary privileges are complete the Certified Surgical Assistant can request in writing to Medical Staffing to be removed from observation and obtain full privileges. The Certified Surgical Assistant's credentials and observations then will go through the various committees who will approve or disapprove.

CERTIFIED SURGICAL ASSISTANTS

GENERAL PROVISIONS

Definitions

In this chapter, unless the context otherwise requires:

1. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.
2. "Board" means the joint board on the regulation of Certified Surgical Assistants.
3. "Letter of concern" means an advisory letter to notify a Certified Surgical Assistant that, while there is insufficient evidence to support disciplinary action, the board believes the Certified Surgical Assistant should modify or eliminate certain practices and that continuation of the activities which led to the information being submitted to the board may result in action against the Certified Surgical Assistant's certificate.
4. "Medically incompetent" means that a Certified Surgical Assistant lacks sufficient medical knowledge or skills, or both, in performing delegated health care tasks to a degree likely to endanger the health or safety of patients.
5. "Physician" means a physician licensed by the provisions of the State of Arizona.
6. "Supervising operating surgeon" means a physician who holds a current unrestricted license, is a qualified member of the medical staff department of surgery, and who provides direct supervision and direction of the functions performed by the Certified Surgical Assistant.
7. "Certified Surgical Assistant" means a person who is certified pursuant to this chapter, is a qualified member of the medical staff department of surgery, who is a member of the health team, who under direct supervision and direction of the supervising operating surgeon, carries out functions that will assist the supervising operating surgeon in performing a safe operation with optimal results for the patient. The Certified Surgical Assistant may either be an employee of the supervising operating surgeon or an independent contractor hired by the supervising operating surgeon.

8. "Grandfather clause" means a provision applicable to practitioners actively engaged in the regulated health profession before the effective date of a law which exempts the practitioners from meeting the prerequisite qualifications set forth in the law to perform prescribed occupational tasks.
9. "Primary place for meeting patients" includes the supervising operating surgeon's office and health care institutions in which the supervising operating surgeon's patients are located.
10. "Supervision" means a supervising operating surgeon's opportunity or ability to provide or exercise control and direction over the services of a Certified Surgical Assistant. Supervision does not require a supervising operating surgeon's constant physical presence if the supervising operating surgeon is or can be easily in contact with the Certified Surgical Assistant by radio, telephone or telecommunication.
11. "Unprofessional conduct" includes the following acts by a Certified Surgical Assistant:
 - (a) Violation of any federal or state law or rule which applies to the performance of health care tasks as a Certified Surgical Assistant. Conviction in any court of competent jurisdiction is conclusive evidence of a violation.
 - (b) Holding himself out as a physician or knowingly permitting another person to represent him as a physician.
 - (c) Performing health care tasks which have not been delegated by the supervising operating surgeon.
 - (d) Habitual intemperance in the use of alcohol or habitual substance abuse.
 - (e) Gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
 - (f) Representing that a manifestly incurable disease or infirmity can be permanently cured or that a disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if this is not true.
 - (g) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.

- (h) Any conduct or practice which is harmful or dangerous to the health of a patient or the public.
- (i) Violation of a formal order, probation or stipulation issued by the board.
- (j) Failing to clearly identify himself as a Certified Surgical Assistant in the course of his work.
- (k) Failing to use and affix the initials "C.S.A." after his name or signature on charts or professional correspondence.
- (l) Procuring or attempting to procure a Certified Surgical Assistant's certificate by fraud, misrepresentation or knowingly taking advantage of the mistake of another.
- (m) Having professional connection with or lending his name to an illegal practitioner of any of the healing arts.
- (n) Failing or refusing to maintain adequate records on a patient.
- (o) Self-administration of any controlled substance.
- (p) Knowingly making any written or oral false or fraudulent statement in connection with any health care task he undertakes.
- (q) Commission of a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by a court of competent jurisdiction or a plea of no contest in conclusive evidence of the commission.
- (r) Refusal, revocation, suspension, limitation or restriction of a certification by any other licensing jurisdiction for the inability to safely and skillfully practice medicine or for unprofessional conduct as defined by that jurisdiction which directly or indirectly corresponds to any act of unprofessional conduct as prescribed by this paragraph.
- (s) Sanctions including restriction, suspension or removal from practice imposed by an agency of the federal government.
- (t) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate a provision of this chapter.
- (u) Sexual intimacies with a patient in the course of direct treatment.

- (v) Using the term "doctor" or the abbreviation "Dr." on a name tag or in a way that leads the public to believe that the Certified Surgical Assistant is licensed to practice as an allopathic or an osteopathic physician in this state.
- (w) Failing to furnish legally requested information to the board or its investigator in a timely manner.
- (x) Failing to allow properly authorized board personnel to examine on demand documents, report and records of any kind relating to the Certified Surgical Assistant's performance of health care tasks.
- (y) Knowingly making a false or misleading statement on a form required by the board or in written correspondence or attachments furnished to the board.
- (z) Failing to submit to a body fluid examination pursuant to an agreement with the board or an order of the board.
- (aa) Violating a formal order, probation agreement or stipulation issued or entered into by the board or its executive director.

Joint board on the regulation of Certified Surgical Assistants; membership; appointment; terms

- A. A joint board on the regulation of Certified Surgical Assistants is established consisting of the following nine members:
 - 1. The dean of the college of medicine of the university of Arizona or his designee.
 - 2. Two Certified Surgical Assistants appointed by the governor from a list of qualified candidates submitted by the National Surgical Assistant Association. The governor may seek additional input and nominations before the governor makes the Certified Surgical Assistant appointments.
 - 3. One public member appointed by the governor.
 - 4. Two operating surgeons who are licensed by the provisions of the State of Arizona, who are appointed by the board of osteopathic examiners in medicine and surgery and who shall report and be responsible to the board of osteopathic examiners in medicine and surgery.

5. Three operating surgeons who are licensed by the provisions of the State of Arizona, who are appointed by the allopathic board of medical examiners and who shall report and be responsible to the allopathic board of medical examiners.
- B. Except for the dean of the college of medicine of the university of Arizona, the term of office of members of the board is four years to begin and end on July 1.

Organization; meetings; compensation

- A. The dean of the college of medicine of the university of Arizona shall serve as chairman of the board.
- B. The board shall hold a regular meeting at least quarterly on a date and time and place it designates. In addition, the chairman may call special meetings the board deems necessary. The board shall hold special meetings on Saturdays as the chairman may determine necessary to carry out the functions of the board.
- C. Members of the board are eligible to receive compensation, to be determined, for each day of actual service in the business of the board.
- D. The board may annually elect officers from its membership as it deems necessary to carry out the duties of the board. These officers shall hold their offices at the pleasure of the board.

Powers and duties; subcommittees

- A. The board shall:
 1. Certify and regulate Certified Surgical Assistants pursuant to this chapter.
 2. Discipline and rehabilitate Certified Surgical Assistants pursuant to this chapter.
- B. The board may make and adopt rules which are necessary or proper for the administration of this chapter.
- C. The chairman may establish subcommittees consisting of board members and define their duties as he deems necessary to carry out the functions of the board.

Personnel; consultants; compensation; immunity

- A. The executive director employed by the board of medical examiners shall be the executive director of the board. The staff of the board of medical examiners shall carry out the administrative responsibilities of the board.
- B. The board may employ special medical consultants or other agents to make investigations, gather information and perform other duties the board deems necessary or appropriate for the effective enforcement or administration of this chapter. Compensation for special consultants employed shall not exceed one hundred dollars per day (\$100.00).
- C. There is no monetary liability on the part of and no cause of action shall arise against the executive director, permanent or temporary personnel or special medical consultants of the board for any act done or proceeding undertaken or performed in good faith and in furtherance of the purposes of this chapter.

Board of medical examiners' fund

- A. All monies collected pursuant to this chapter shall be deposited with the state treasurer who shall deposit ten percent of such monies in the general fund and ninety percent in the board of medical examiners' fund.

CERTIFICATION

Qualifications

- A. An applicant for licensure shall:
 - 1. Have current certification by the National Surgical Assistant Association to assist the supervising operating surgeon, and is actively engaged in the newly regulated profession before January 1, 1996, which exempts the Certified Surgical Assistant from meeting the prerequisite qualifications set forth in the law to perform surgical assisting as stated by the grandfather clause of this chapter and in Chapter 13 Regulation of Health Professions Article 1. General Provisions 32-3101.3 of the Arizona Revised Status, or

2. Have satisfactorily completed a program for preparing Certified Surgical Assistants that:
 - (a) was at least 1 academic year in length.
 - (b) consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction directed toward preparing students to deliver health care.
 3. Have satisfactorily completed a formal educational program for preparing Certified Surgical Assistants that does not meet the requirements of Subsection A.2 of this chapter and has been assisting supervising operating surgeons for a total of 12 months during the 18 month period immediately preceding January 1, 1996.
 4. Pass a certifying examination approved by the board.
 5. Possess a good moral and professional reputation.
 6. Be physically and mentally able to engage safely in the health care tasks of a Certified Surgical Assistant.
 7. Not, at the time of application, be subject to disciplinary action in any other state or country for an act or conduct which constitutes grounds for disciplinary action pursuant to this chapter.
 8. Not have had Certified Surgical Assistant certification refused, suspended or revoked by any other state or country for reasons which relate to his ability to engage skillfully and safely in the health care tasks of a Certified Surgical Assistant.
- B. The board may:
1. Require an applicant to submit written or oral proof of his credentials.
 2. Make such investigations as it deems necessary to advise itself with respect to the qualifications of the applicant including physical examinations, mental evaluations, oral competency examinations or any combination of such examinations and evaluations.
 3. Grant an exemption from the certification requirements of this section to:
 - a. A student enrolled in a Certified Surgical Assistant education program approved by the board in order for that student to work within that program. The student shall register with the board on a form prescribed by the board.

- b. A Certified Surgical Assistant who is an employee of the United State government and who works on land or in facilities owned or operated by the United States government.

Applications; interview; withdrawal

- A. Each applicant shall file a verified completed application in the form required and supplied by the board which is accompanied by the prescribed application fee.
- B. The application shall be designed to require the submission of evidence, credentials and other proof necessary to satisfy the board that the applicant qualified for certification.
- C. The application shall contain the oath of the applicant that:
 - 1. All information contained in the application and evidence submitted with it are true and correct.
 - 2. The credentials submitted were not procured by fraud or misrepresentation or any mistake of which the applicant is aware.
 - 3. The applicant is the lawful holder of the credentials.
- D. All applications submitted to the board and any attendant evidence, credentials or other proof submitted with an application are the property of the board and part of the permanent record of the board and shall not be returned to a withdrawing applicant.
- E. The board shall promptly notify an applicant, in writing of the deficiencies, if any, in his application which prevent it from being a completed application.
- F. The board or its representatives may interview an applicant to determine whether his application is sufficient.
- G. Applications are considered withdrawn on any of the following conditions:
 - 1. Written request of the applicant.
 - 2. Failure of the applicant to appear for an interview with the board unless good cause is shown.

3. Failure to submit a completed application within one year from the date of the mailing by the board of a statement to him of the deficiencies in his application pursuant to subsection E.

Licensure; renewal; continuing education; expiration

- A. The board shall certify applicants who qualify for licensure pursuant to this chapter and applicants pay the licensure fee required by this article.
- B. Each holder of license shall renew the license on or before July 1 of each year by paying the prescribed renewal fee and supplying the board with information it deems necessary including proof of having completed twenty-five hours of continuing medical education related to the Certified Surgical Assistant approved by National Surgical Assistants Association or other accrediting organization acceptable to the board within the previous year, current Certified Surgical Assistant certification through the National Surgical Assistant Association, current malpractice insurance, and current BCLS certification.
- C. If a holder of a license fails to renew the license on or before July 1 of each year that person shall pay the prescribed penalty fee for a late renewal.
- D. If a holder of a license fails to renew the license on or before October 1 of each year, the license expires. It is unlawful for a person to perform health care tasks of a Certified Surgical Assistant after the license expires.
- E. A person whose license expires may reapply for licensure pursuant to this chapter.

License or certificate suspension

- A. The certificate or license of a health professional (Certified Surgical Assistant) who does not renew his certificate or license as prescribed by statute and who has been advised in writing that an investigation is pending at the time his certificate or license is due to expire or terminate does not expire or terminate until the investigation is resolved. The certificate or license is suspended on the date it would otherwise expire or terminate and the health professional (Certified Surgical Assistant) shall not practice in this state until the investigation is resolved.

Temporary Licensure

- A. The board may issue a temporary license to an applicant who meets all the qualifications prescribed in Qualifications, subsection A, paragraphs, 1, 2, 3, 5, 6, 7, 8, submits evidence to the board that the applicant is eligible to take the certifying examination and pays the prescribed application fee.
- B. A temporary license is not effective for a term of more than sixteen months and expires on the occurrence of any one of the following:
 - 1. Issuance of a regular license.
 - 2. Failure to pass the certifying examination.
 - 3. Expiration of the term for which the temporary license was issued.
- C. The board shall not issue a temporary license to an applicant who has failed the National Surgical Assistant Association examination.

Cancellation of license

- A. A person who has a current license as a Certified Surgical Assistant, who is not presently under investigation by the board as the result of a complaint or information received by it, and against whom the board has not commenced any disciplinary proceedings may request and the board shall grant cancellation of the license.
- B. The board may cancel a license of a Certified Surgical Assistant who have been charged with a violation of this chapter if the Certified Surgical Assistant admits the charges and stipulates this admission for the record.

Fees

- A. The board shall, by a formal vote at its annual October meeting, establish fees and penalties which do not exceed the following:
 - 1. Application for a regular license, one hundred twenty-five dollars (\$125.00).
 - 2. Application for a temporary license, fifty dollars (\$50.00).
 - 3. Conversion from a temporary license to a regular license, seventy-five dollars (\$75.00).

4. Annual renewal of a regular license, a fee of not to exceed one hundred dollars (\$100.00).
5. Penalty fee for late renewal of a regular license, one hundred dollars (\$100.00).
6. Issuance of a duplicate license, twenty-five dollars (\$25.00).
7. For services not required to be provided by this chapter, but which the board deems appropriate to carry out the intent and purpose of this chapter, a fee not to exceed the actual cost of providing the services. The state treasurer shall deposit all of the monies collected under this paragraph in the board of medical examiners' fund.

Change of address; penalty

- A. A person holding a current license as a Certified Surgical Assistant in this state shall promptly and in writing inform the board of that person's current residence address, office address and telephone number and of each change in residence and office address or telephone number that occurs. A residential address is not available to the public unless it is the only address of record.
- B. The board may assess its costs incurred in locating a Certified Surgical Assistant who fails to comply with subsection A within thirty days after the date of change. The board may also assess a penalty of not to exceed one hundred dollars (\$100.00) against the Certified Surgical Assistant. Monies collected pursuant to this subsection shall be deposited in the board of medical examiners' fund.

SCOPE OF PRACTICE

Health care tasks; scope of practice; restrictions

- A. Under the direction of the supervising operating surgeon, that operating surgeon may delegate surgically related tasks to the Certified Surgical Assistant. The Certified Surgical Assistant may perform these tasks in any setting authorized by the supervising operating surgeon, and the board, including clinics, hospitals, ambulatory surgical centers, patient homes, nursing homes and other health care facilities. These tasks may include:
1. Obtaining patient histories.
 2. Obtaining physical examination data.
 3. Carrying out preoperative procedures to prepare patient for surgery.
 4. Assisting in surgery.
 5. Participate in the care and evaluation of the patient in the post-operative period.
 6. Caring for minor injuries.
 7. Offering counseling and education to meet patient needs.
 8. Making appropriate referrals.
- B. The supervising operating surgeon shall:
1. Accept responsibility for all tasks and duties the supervising operating surgeon delegates to a Certified Surgical Assistant.
 2. Notify the board and the Certified Surgical Assistant if the Certified Surgical Assistant exceeds the scope of the delegated surgical tasks.
- C. Direction and supervision do not require the personal presence of the supervising operating surgeon at the place where surgical tasks are performed. The board by order may require the personal presence of a supervising operating surgeon when designated surgical tasks are performed.

- E. At all times a Certified Surgical Assistant shall wear a name tag with the designation "Certified Surgical Assistant" on it.
- F. The board by rule may prescribe a civil penalty for a violation of this section relating to charting and the wearing of tags. The penalty shall not exceed fifty dollars (\$50.00) for each violation. The board shall transmit monies it received from this penalty to the state treasurer for deposit in the general fund. A Certified Surgical Assistant and the supervising operating surgeon may contest the imposition of this fine. The imposition of a fine is public information, and the board may use this information in any future disciplinary actions.

Supervising operating surgeon; responsibilities

- A. The supervising operating surgeon is responsible for all aspects of the performance of a Certified Surgical Assistant, whether or not the supervising operating surgeon actually pays the Certified Surgical Assistant a salary, and is responsible for directing and supervising the Certified Surgical Assistant to ensure that the Certified Surgical Assistant's activities are within the Certified Surgical Assistant's scope of training and experience and limited to health care tasks properly delegated by the supervising operating surgeon.
- B. A supervising operating surgeon shall not direct and supervise more than two Certified Surgical Assistants who work the same hours at the same employment location.

Employment of Certified Surgical Assistant

A Certified Surgical Assistant may an independent contractor hired by the supervising operating surgeon or may be employed by the supervising operating surgeon.

The Certified Surgical Assistant will be responsible for billing the patient's insurance company for reimbursement for services. The rate billed is to be 65% of the amount allowed under the surgeon's fee schedule if the service was performed by a surgeon.

REGULATION

Grounds for disciplinary action; duty to report; immunity; proceedings; board action; notice

- A. The board on its own motion may investigate any evidence which appears to show that a Certified Surgical Assistant is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable to carry out approved health care tasks. Any operating surgeon, Certified Surgical Assistant, or health care institution shall, and any other person may, report to the board any information the operating surgeon, Certified Surgical Assistant, health care institution or other person has which appears to show that a Certified Surgical Assistant is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be mentally or physically unable to carry out approved health care tasks. The board shall notify the Certified First Assistant and his supervising operating surgeon of the content of the reported information in writing within one hundred twenty (120) days of its receipt of the information. Any operating surgeon, Certified Surgical Assistant, health care institution or other person that reports or provides information to the board in good faith is not subject to an action for civil damages as a result of reporting or providing information, and, if requested, the name of the reporter shall not be disclosed unless the information is essential to proceedings conducted pursuant to this section.
- B. The board may require a mental, physical or medical competency examination or any combination of those examinations or make investigations including investigational interviews between representatives of the board and the Certified Surgical Assistant and the supervising operating surgeon as it deems necessary to fully inform itself with respect to any information reported pursuant to subsection A of this section.
- C. If the board finds, based on the information it receives under subsections A and B of this section, that the public safety imperatively requires emergency action, and incorporates a finding to that effect in its order, the board may order a summary suspension of a certificate pending proceedings for revocation or other action. If an order of summary suspension is issued, the Certified Surgical Assistant shall also be served with a written notice of complaint and formal hearing, setting forth the charges, and is entitled to a formal hearing before the board or a hearing officer on the charges within sixty days.

- D. If, after completing its investigation, the board finds that the information provided pursuant to subsection A of this section is not of sufficient seriousness to merit direct action against the Certified Surgical Assistants license, it may take the following actions:
1. Dismiss if, in the opinion of the board, the information is without merit.
 2. File a letter of concern.
- E. If, after completing its investigation, the board holds the opinion that the information is or may be true and that the information may be of sufficient seriousness to merit direct action against the Certified Surgical Assistant's license, it may request an informal interview with the Certified Surgical Assistant and the supervising operating surgeon. The board shall notify the Certified Surgical Assistant in writing of the time, date and place of the informal interview at least twenty (20) days before the interview. The notice shall include the right to be represented by counsel and shall fully set forth the conduct or matters to be discussed.
- F. After an informal interview, the board may take the following action:
1. Dismiss if, in the opinion of the board, the information is without merit.
 2. File a letter of concern.
 3. Issue a decree of censure which constitutes an official action against the Certified Surgical Assistant's license.
 4. Enter into a stipulation with the Certified Surgical Assistant to restrict or limit the Certified Surgical Assistant's practice of medical activities in order to rehabilitate the Certified Surgical Assistant, protect the public and ensure the Certified Surgical Assistant's ability to safely perform health care tasks.
 5. Fix a period and terms of probation best adapted to protect the public health and safety and rehabilitate or educate the Certified Surgical Assistant. Probation may include restriction on the health care tasks the Certified Surgical Assistant may perform or temporary suspension not to exceed twelve months. Failure to comply with any terms of probation is cause for initiating formal proceedings pursuant to subsection G of this section.
- G. If the board finds that the information provided pursuant to subsection A of this section warrants suspension or revocation of a Certified Surgical Assistant's license, it shall immediately initiate formal proceedings for the suspension or revocation of the license. The notice of complaint and hearing is fully effective by mailing a true copy of the notice of complaint and hearing by certified mail addressed to the Certified Surgical Assistant's last known address of record in the board's files.

The notice of complaint and hearing is complete at the time of its deposit in the mail. A hearing officer may conduct a hearing pursuant to this subsection and shall submit a report of his finding to the board within thirty (30) days after the hearing. The board may affirm, reverse, adopt, modify, supplement, amend or reject the hearing officer's report in whole or in part.

- H. A Certified Surgical Assistant who after a formal hearing as provided in this section is found to be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to safely carry out his approved health care tasks, or any combination thereof, is subject to censure, probation, suspension or revocation, or any combination of these, for a period of time or permanently and under conditions the board deems appropriate for the protection of the public health and safety.
- I. A letter of concern is a public document and may be used in future disciplinary actions against a Certified Surgical Assistant.

Right to examine and copy evidence; subpoena authority; right to counsel; confidentiality of records

- A. In connection with an investigation by the board, the board or its duly authorized agent or employee shall at all reasonable times have access to, for the purpose of examination, and the right to copy any documents, reports, records or other physical evidence of any person being investigated or the reports, the records and any other documents maintained by and in the possession of any hospital, clinic, physician's office, laboratory, pharmacy, health care institution or other public or private agency if the documents, reports, records or evidence relate to a Certified Surgical Assistant's medical competence, unprofessional conduct or mental or physical ability to safely engage in his approved health care tasks.
- B. For the purpose of all investigations and proceedings conducted by the board:
 - 1. The board may issue subpoenas compelling the attendance and testimony of witnesses or demanding the production of documents or any other physical evidence for examination or copying if the evidence relates to the medical incompetence, unprofessional conduct or mental or physical ability of a Certified Surgical Assistant.
 - 2. A person appearing before the board may be represented by counsel.
- C. The following items are not available to the public:
 - 1. Patient records, including clinical records, medical reports and laboratory statements and reports.
 - 2. Files, films, reports or oral statements relating to diagnostic finding or treatment of patients.

3. Any information from which a patient or his family might be identified.
 4. Information received and records kept by the board in its investigations.
- D. Nothing in this section or any other provision of law which makes communications between a surgeon or a Certified Surgical Assistant and his patient a privileged communication applies to investigations or proceedings conducted pursuant to this chapter. The board and its employees, agents and representatives shall keep in confidence the names of any patients whose records are reviewed during the course of investigations and proceeding pursuant to this chapter.
- E. Hospital records, medical staff records, medical staff review committee records, testimony concerning those records and proceedings related to the creation of those records are not available to the public, shall be kept confidential by the board and are subject to the same provisions of law concerning discovery and use in legal actions as are the original records in the possession and control of hospitals, medical staffs and medical staff review committees.

Judicial review

Decisions of the board are subject to judicial review pursuant to the law.

Violations; classification

A person who holds himself out as a Certified Surgical Assistant or uses any term indicating or implying that he is authorized to perform the health care tasks of a Certified Surgical Assistant without complying with this chapter is guilty of a felony.

Injunction

The superior court may enjoin any person from engaging in any act, practice or transaction which constitutes a violation of this chapter, rule adopted pursuant to this chapter or an order of the board. Issuance of an injunction does not relieve the person from being subject to any other proceedings under law provided for in this chapter or otherwise.

NON-PHYSICIAN CERTIFIED SURGICAL ASSISTANT

HOLY CROSS IN NEALES

A. GENERAL DEFINITION

A Certified Surgical Assistant is a member of the health team who, under the direct supervision and direction of the operating surgeon, carries out functions that will assist the surgeon in performing a safe operation with optimal results for the patient. He/she does not concurrently function as scrub nurse. The CSA may either be an employee of the operating surgeon or an independent contractor hired by the operating surgeon.

B. DEFINITIONS

1. "SUPERVISION" means the opportunity or ability of operating surgeon to provide or exercise control and direction over the services of the CSA. The constant physical presence of the operating surgeon is required.
2. "OPERATING SURGEON" means a physician who holds a current unrestricted license, is a qualified member of the medical staff department of surgery, and who provides direct supervision and direction of the functions performed by the CSA.
3. "JOB DESCRIPTION" means a description of duties that define the scope of practice of the CSA within defined limits as established by the Hospital and its Medical Staff.

C. GENERAL QUALIFICATIONS

1. Five (5) years operating room experience as a surgical technologist, registered nurse or physician assistant.
2. Completed an internship as a certified surgical technologist with experience as a first assistant in at least twenty-five (25) cases with documented supervision. Cases should represent a variety of operative procedures.
3. Passing score on the certification examination given by the National Surgical Assistant Association.
4. The CSA must provide evidence of current medical liability insurance as required by the Board of Directors.

D. APPLICATION

1. The CSA shall make application at Carondelet St. Mary's Hospital through the Surgical Services Committee.

Recommendations from this committee will then be forwarded to the Medical Executive Committee and the Board of Directors for final approval. The Medical Executive Committee may contest the recommendations of the Surgical Services Committee and forward any objections to the Board of Directors for their consideration of the application.

2. Adverse recommendation such as modification or denial of privileges are not subject to the fair hearing and appeals process as described in the Bylaws.

E. APPOINTMENT

1. Initial appointment will be for a provisional period of not less than ten (10) cases as a first assistant, during which time the CSA's performance is documented by the operating surgeon. Observation forms will be completed by the operating surgeon and forwarded to the Surgical Services Committee with any recommendations.
2. The Surgical Services Committee shall review the CSA performance based on the observation forms and make recommendations to the Medical Executive Committee and the Board of Directors regarding acceptance or denial of practice privileges or extension of the probationary period.
3. The CSA's appointment shall be reviewed at least every two (2) years, as will be the supervisory performance of the operating surgeon. Reappointment by the Board of Directors, after review by the Surgical Department, is necessary before continuation of services by the CSA.

F. SPECIFIC ACTIVITIES: CERTIFIED SURGICAL ASSISTANT, DEPARTMENT OF SURGERY

1. The CSA will hold a current BCLS Certification.
2. The CSA may, on order of and in the physical presence of the operating surgeon:
 - a. assist with the positioning, prepping, and draping of the patient.
 - b. provide hemostasis by clamping blood vessel, coagulating bleeding points, ligating vessels, and by other means as directed and supervised by the surgeon.

- c. provide exposure through appropriate use of instruments, retractors, suctioning, and sponging techniques.
- d. handle tissues as directed by the surgeon.
- e. suture fascia, subcutaneous and skin tissues under the direction of the surgeon.
- f. place and suture drains as directed by the surgeon.
- g. apply surgical dressings.
- h. assist with transferring the patient from the operating room.
- i. not function as the scrub nurse while first assisting in the operating room.

G. TERMINATION

- 1. Suspension, revocation or expiration of National Certification shall result in immediate termination of privileges as a CSA and of all approved job descriptions.
- 2. Suspension, termination or other adverse actions against the CSA, not within the scope of the Bylaws, Policies, Rules and Regulations of the Medical Staff, shall not be subject to the provisions of the Bylaws.

Approved CSM Credentials Committee: 08/25/92
 Approved Bylaws Committee: 11/17/92
 Approved Surgical Services Committee: 11/19/92
 Approved Medical Executive Committee: 12/09/92
 Approved General Staff Meeting: 01/05/93
 Approved Board of Directors: 02/08/93

surgeon in the performance of any surgical procedure, working under the surgeon's direction. A surgical assistant:

- acts as a first or second assistant to the surgeon having extensive knowledge of anatomy and physiology.
- assists the surgeon in draping of the patient,
- retracts tissue and exposes operating field area during operative procedures,
- clamps and ties vessels to control bleeding during surgical entry.
- keeps the operative site dry.
- affords the surgeon the best possible exposure of the anatomy incident to the operation,
- assists the surgeon in identifying any structure which should not be ligated and keeps these structures from the operative site by retraction,
- is prepared to anticipate the moves of the surgeon,
- is knowledgeable in all surgical procedures sufficient enough to assist the surgeon in any way,
- knows all instruments used in any procedure, and
- assists in closure of the incision including tying off the bleeders, applying sutures and wound dressings, and performs any and all tasks required of him by the surgeon, incident to the particular surgical procedure.

They keep abreast of new developments in surgery by attending seminars, workshops, and other educational activities, conducted by professional surgical assisting organizations, such as the NSAA - National Surgical Assistant Association.

TYPES OF MEMBERSHIP

Membership is renewed annually. All members, regardless of the date they joined, will be renewed in February. (Dues may be prorated).

Candidate

All prospective members who are not currently enrolled in an approved surgical assistant program but wish to become a designated CSA (Certified Surgical Assistant) must join as a candidate member. Each Candidate Member has two years to take the certification examination. If the Candidate Member fails to complete the certification exam within the two-year period, they forfeit the examination fee and must reapply as a Candidate Member.

Certified

The designation CSA (Certified Surgical Assistant), is bestowed upon those who have previously joined as a candidate member and have completed and passed the Association's official certification examination. Certified members receive a full vote and can use the designation CSA in their daily activities. Certified Members must complete 50 CME units every 24 months to maintain their designated status. These CME units must be obtained through approved educational programs and a copy of the course certificate or signature of the Instructor must accompany the credit hours. Should a designated member fail to meet these requirements, the CSA designation will be removed.

Student

Students who are currently enrolled in CAHAP approved Surgeon Assistant programs or in an NSAA approved school or program qualify for this status.

Associate

This classification of membership is available to individuals, institutes, or corporations who wish to keep abreast of surgical assisting trends and activities, but do not qualify or practice surgical assisting.

MEMBERSHIP BENEFIT

Newsletter: The Association's official membership newsletter, the CSA Node, serves as a communication link between members throughout the country. The CSA Node provides up-to-date information on the Association, membership activities, upcoming educational programs, congresses, chapter developments, and special publications of interest. The newsletter also provides articles on some latest surgical techniques and trends in the Operating Room.

Membership Directory: NSAA makes it easy to stay in touch with professional colleagues by publishing a directory of members complete with addresses, phone numbers, membership classification, and area of specialization. The Directory is distributed each year to members of NSAA and other allied Health professionals.

National Conference: This annual event brings together members and nonmembers throughout the country, to exchange ideas and techniques in surgical assisting. Prominent speakers present topics designed to enhance knowledge and understanding of current surgical practices.

Educational Seminars: NSAA sponsors seminars and programs with specific topics of interest. These programs are held throughout the country at various times during the year, and the information is sent to members and other health professionals as those programs develop.

Leadership Opportunities: Take advantage of many opportunities to gain distinction in the Association by serving on a surgical assisting committee or council, speaking at a seminar on a local or national level, or writing a paper for the Association Newsletter.

Exhibits: NSAA exhibits annually at the American College of Surgeons Clinical Congress. Approximately 9,000 domestic and international surgeons attend this surgical meeting which is one of the largest of its kind.

The National Surgical Assistant Association is an organization of professional Surgical Assistants throughout the United States. NSAA was established in 1983, to provide standard guidelines, regulations, and establish rules for those who practice and function as Surgical Assistants.

NSAA examines, reviews, and certifies, the training, education, experience, skills, and knowledge of its members. Those individuals who meet these high ethical principles and practices are eligible to become a Designated CSA-"Certified Surgical Assistant" Member within the National Surgical Assistant Association.

NSAA is a Charter Member of the National Organization for Competency Assurance. NSAA promotes NOCA's standards by offering certification, a scope of practice and continuing medical education requirements.

To qualify for the examination, a surgical assistant must have candidate status with NSAA. The requirements for Candidate Membership are as follows:

- current employment as a Surgical Assistant, and/or
- three years experience with 750 hours per year as a First Assistant in the Operating Room, and
- verification by affidavit of hours worked by supervisor or physician, and
- five letters of recommendation verifying the said person's experience (four physician- one supervisor sponsored).
- a person who has graduated from an NSAA or CAHAP approved Surgical Assistant School shall be qualified for Candidate Membership overriding the above qualifications.

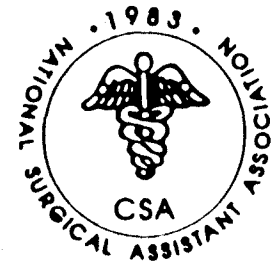
All applications for the certification examination are reviewed on an individual basis. Provisions are made for military trained Assistants. Generally the exam is given at four testing centers per calendar year. With a 60 day notice a group of 10 or more can request a date and site for the exam.



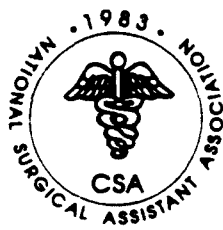
NATIONAL SURGICAL ASSISTANT ASSOCIATION
309 West Clark Street
Champaign, Illinois 61820
217/356-3182
217/398-4119 FAX

EXAMINATION REQUIREMENT

THE NATIONAL Surgical Assistant ASSOCIATION



MEMBERSHIP INFORMATION



National Surgical Assistant Association

309 W. Clark St. • Champaign, IL 61820-4690 • (217) 356-3182 • FAX (217) 398-4119

NSAA RECOMMENDED SURGICAL ASSISTING SCHOOLS

UNIVERSITY OF ALABAMA - BIRMINGHAM

Surgical Assistant Program
Department of Surgery
Birmingham, Alabama 35294
(205) 934-4011

UNIVERSITY OF AKRON - OHIO

Division of Allied Health
Community & Technical College
Akron, Ohio 44325-3702
(216) 972-7111

CORNELL UNIVERSITY MEDICAL SCHOOL - NEW YORK

Surgical Assistant Program
1300 York Avenue
New York, New York 10021
(212) 746-5133

COLORADO SURGICAL ASSISTING, INC.

3033 S Parker Road
Market Tower One
Aurora, Colorado 80014
(303) 745-9509



National Surgical Assistant Association

PROFESSIONAL CODE

The purpose of this Code is to establish clear and ethical parameters for the members of the National Surgical Assistant Association. Should a member violate these Codes or Standards of Professionalism, their Designation may be revoked for a period of time, and/or they may be expelled from the Association.

- 1** The Surgical Assistant should maintain a working relationship with all members of the operating room team and adjunct hospital personnel based on trust, honesty, confidence and respect.
- 2** The Surgical Assistant should seek input, be willing to accept praise as well as criticism and possess the ability to transform such criticism in a constructive manner.
- 3** The Surgical Assistant must be involved in "self" assessment and evaluation of each surgical procedure that he/she will be required to assist on. The process of formulating clear direction for best utilization of assistant skills should be mandatory for full benefit to patient, surgeon, and other members of the operative team.
- 4** The Surgical Assistant must keep abreast of new technology with respect to surgical intervention and its pertinence to patient management.
- 5** The Surgical Assistant must maintain a quality standard of continuing medical education, as described and set forth by NSAA standards.
- 6** The Surgical Assistant must be aware of the individual requirements or techniques of individual surgeons.
- 7** The Surgical Assistant must have adequate knowledge of basic sciences as required by his/her duties incidental to a particular surgical procedure.
- 8** The Surgical Assistant must be fully aware of his/her position with respect to maintenance of a sterile operative field, and have a working knowledge of the basic principals and concepts of sterilization and infection control.
- 9** The Surgical Assistant will possess a working knowledge of all operating room procedures with respect to attire, infection control, and be familiar with individual requirements and recommended practices of compliance.
- 10** The Surgical Assistant will accept responsibility for his/her integrity with respect to maintenance and compliance, to and of these policies. This will not only promote the individual assistant, but will be of best interest to NSAA.
- 11** The Surgical Assistant must have the ability to anticipate the needs of the surgeon, and other team members, with respect to the requirements of a particular surgical procedure.
- 12** The Surgical Assistant must be able to demonstrate and maintain dexterity sufficient to successful completion of his/her assistant duties on that particular procedure.
- 13** The Surgical Assistant must maintain a professional attitude with respect to the dignity, privacy, and safety of the patient.
- 14** Most of all, the Surgical Assistant must possess the ability to only function within the limits of his/her ability, and within the description of duties provided by his/her employer.

ATTACHMENT B

Kim Lee

ARIZONA STATE LEGISLATURE
Forty-second Legislature - First Regular Session

**JOINT HEALTH COMMITTEE OF REFERENCE
HEARING ON PHARMACIST PRACTITIONERS
AND SUNRISE REVIEWS OF HOLISTIC DENTISTS AND SURGICAL ASSISTANTS**

Minutes of Meeting
Wednesday, November 15, 1995
Senate Hearing Room 1 - 1:30 p.m.

(Tape 1, Side A)

Cochair Day called the meeting to order at 1:38 p.m. and attendance was noted by the secretary.

Members Present

Senator Henderson	Representative Aldridge
Senator Kennedy	Representative Horton
Senator Peterson	Representative Preble
Senator Day, Cochair	Representative Gerard, Cochair

Members Absent

Senator Brewer
Representative Foster

Speakers Present

Kim Roberson, Executive Director, Arizona Pharmacy Association (APA)
Terry J. Lee, President, Arizona Holistic Dental Association
Barbara Maurice, Co-director, Coalition of Concerned Citizens for Freedom of Choice for Dental Care in Arizona, Clarkdale resident
Paul B. Mills, Teacher of Math and Physics, Apache Junction High School, Teacher of Algebra through Calculus, Central Arizona College
Karla Kirkland, Co-director, Coalition of Concerned Citizens for Dental Care in Arizona
Caroline Dundulis, Camp Verde resident representing herself
Kathleen Cookie Hecht, Peoria resident
Delbert Lee Nichols, D.D.S. speaking on behalf of patient Loretta Shumway, Snowflake resident
Larry Krell, Co-director, Coalition of Concerned Citizens for Freedom of Choice for Dental Care in Arizona, Scientist Employee, Arizona Department of Environmental Quality (ADEQ)
Gary J. Smith, D.D.S., J.D., speaking as a concerned Arizona citizen knowledgeable in dental practices, law and dental science
Glena Gil, Mesa resident

David Farnsworth, State Legislator, District 4
Drew Langley, Director, Dental Board
Greg McFarland, Executive Director, Arizona Dental Association
Wesley Smith, Certified Surgical Assistant, Tucson resident
Caryn Lee, Certified Surgical Assistant
David Landrith, Vice President of Policy, Arizona Medical Association
Carolyn Machold, Operating Room Registered Nurse, Tucson resident

Guest List (Attachment 1)

* * *

PHARMACIST PRACTITIONERS

Cochair Day explained that the portion of the meeting dealing with pharmacist practitioners will not be an actual sunrise review because certain legislation which was to be introduced in 1996 has been withdrawn.

Kim Roberson, Executive Director, Arizona Pharmacy Association (APA), said that the APA board of directors decided to formally withdraw the application for expansion of the scope of practice. She said that the pharmacist is the most available yet underutilized health care individual and that the intent of the draft legislation was not to create an adversarial relationship with physicians, but to offer pharmacist services in providing safe medicinal management.

Ms. Roberson emphasized that minimizing medication misuse is the APA's foremost job.

SUNRISE REVIEW OF HOLISTIC DENTISTS

Terry J. Lee, President, Arizona Holistic Dental Association, said he received his degree from the University of Southern California and has practiced dentistry for twenty-five years. He explained that fifteen years earlier, he attended a dental course on mercury toxicity and learned that some individuals are highly sensitive to silver mercury fillings. He claimed that many such mercury-sensitive patients experience improved health once their traditional fillings are replaced with compatible materials.

Dr. Lee said that holistic dentistry is practiced in many parts of the world and emphasized that courses are not given by voodoo doctors in back-street alleys. He reviewed the associations with which he is involved and mentioned that twenty holistic dentists currently practice in Arizona. He described himself not as a vigilante or frustrated physician, but instead as a dentist who has hundreds of hours in training and techniques which the Dental Board, in its limited knowledge, does not recognize as valid.

Dr. Lee remarked that the battle to allow holistic dentistry revolves around jealousy and philosophy, and is similar to battles waged in the past between traditional and alternative medical providers.

In response to Mrs. Preble, Dr. Lee explained that "compatible material" is a substance to which the patient is not sensitive, and is usually comprised of a quartz acrylic composite. He said that blood compatibility tests are used to determine what materials a patient is or is not reactive to

Cochair Day questioned how such a small group of professionals will be able to fund a board and investigate complaints. Dr. Lee replied that holistic dentists will probably follow the homeopathic model for licensure. In addition, he speculated that such a small group of dentists will generate very few complaints.

Cochair Day asked if Dr. Lee is in good standing with the Dental Board. Dr. Lee replied in the negative and explained that part of the problem is the Dental Board's philosophy

In response to Senator Henderson, Dr. Lee explained that most traditional dentists use fillings comprised of silver and mercury, the latter of which can be harmful to gums, surrounding bone, various organs and the overall health of the patient

Ms. Horton inquired as to the funding mechanism for a board which represents only twenty holistic dentists. Dr. Lee answered that plans are to finance the board through license fees. He added that although holistic dentists practice throughout the country, there is no state which licenses them.

Cochair Day asked if there is a college or institution which offers courses in holistic dentistry. Dr. Lee replied that courses are currently given by different organizations. He noted that the University of Arizona, as well as Harvard and the University of Columbia, have departments for alternative medicine, and he predicted expansion in this field at some point in the future

Cochair Day questioned whether the University of Arizona has a division for holistic dentistry. Dr. Lee replied in the negative but shared his belief that there is an organization which operates in the Great Lakes region

In response to Senator Petersen, Dr. Lee indicated that he is currently before the Dental Board's formal hearing process but that action has not yet been taken. He explained that the Dental Board prohibits dentists from removing silver mercury fillings, informing patients that fillings contain mercury, and distributing information regarding alternative dentistry

Senator Petersen asked how many of the other holistic dentists in Arizona are under investigation by the Dental Board. Dr. Lee replied that one other dentist is under investigation and that two others have been investigated in the past. He added that his fellow holistic dentists maintain a low profile and do not wish their identity known for fear of reprisal from the Dental Board

In response to Cochair Gerard, Dr. Lee indicated that the four complaints filed against him dealt primarily with financial matters. He explained that because the patients were unable to meet their payments, their dental work was suspended which in turn prompted the filing of complaints

Cochair Gerard stated that traditional dentists are reprimanded based on the merits of a case whereas holistic dentists are automatically judged based on philosophy

In response to Senator Petersen, Dr. Lee explained that ill patients who have their silver mercury fillings replaced tend to experience a noticeable recovery while healthy patients who have them replaced for prevention purposes generally see no benefit and are more likely to be dissatisfied.

Barbara Maurice, Co-director, Coalition of Concerned Citizens for Freedom of Choice for Dental Care in Arizona, Clarkdale resident, related that prior to the onset of ill health due to improper dental care, she was employed by a major computer manufacturer for thirty years. She said that after searching twelve years for an answer to her continuing health problems, she found a holistic dentist who discovered that the primary cause of her infectious disease process was an improperly completed root canal which drained toxic substances into her jaw bone and body.

In summary, Ms. Maurice claimed that holistic dentistry is responsible for starting her recovery from a variety of serious ailments (e.g., osteoporosis, chronic fatigue, fibromialgia, tuberculosis-like scarring in the lungs and constant pain) (For a hard copy of Ms. Maurice's prepared testimony, see Attachment 2.)

Paul B. Mills, Teacher of Math and Physics, Apache Junction High School, Teacher of Algebra through Calculus, Central Arizona College, related his professional credentials. He explained that he began to develop neurological problems in 1982 and that his treatment included psychological counseling and 300 milligrams of Dilantin per day to help control seizures. Mr. Mills explained that in August of 1987, he suffered a seizure while at his dentist's office, and that Dr. Lee, who happened to share the same office, suggested that silver mercury fillings may have contributed to some of the health problems.

Mr. Mills reported that the silver mercury fillings were removed in October of 1987 and that by January of 1988, even without the daily treatment of Dilantin, the seizures and other health symptoms were gone. (For a hard copy of Mr. Mill's prepared testimony, see Attachment 3.)

Karla Kirkland, Co-director, Coalition of Concerned Citizens for Dental Care in Arizona, said that for ten years she suffered from Epstein-Barr Syndrome, depression and borderline lupus and was diagnosed by a homeopathic physician as having severe systemic candida, severe toxic infection of the jaw, and a heart condition. At the advice of the homeopathic physician, she said she saw a holistic dentist and noticed that her health improved after each dental visit. She reported that she even developed a full-blown strep infection of the heart which was traced to a wisdom tooth extraction performed in 1988 in which the dentist failed to remove the periodontal membrane.

Caroline Dundulis, Camp Verde resident, representing herself, stated that she was dying two years earlier when a doctor told her of a holistic dentist. She reported that her health has been improving since the holistic dentist removed all of her silver mercury fillings. (For a hard copy of Ms. Dundulis's prepared testimony, see Attachment 4.)

Kathleen Cookie Hecht, Peoria Resident, said that she was diagnosed twenty years earlier with multiple sclerosis and was wheelchair bound by 1985. She mentioned that by ingesting Chinese herbs, she was able to eliminate the numbness in her left arm but was still unable to use that arm.

Ms. Hecht explained that in 1994 she required dental work and noticed that some of her multiple sclerosis symptoms returned. After a dental procedure was completed by Dr. Lee, she said that she was able to type with the left hand that had been useless for twelve years.

Ms. Hecht beseeched the Committee not to eliminate holistic dentistry as a choice for those looking for options.

Delbert Lee Nichols, D.D.S., speaking on behalf of patient Loretta Shumway, Snowflake resident, who was not in attendance, reported that Mrs. Shumway sought his services ten years earlier for two broken fillings. He said that Mrs. Shumway subsequently decided to have all her silver mercury fillings replaced and has since experienced an increased energy level.

Larry Krcil, Co-director, Coalition of Concerned Citizens for Freedom of Choice for Dental Care in Arizona; Scientist/Employee, Arizona Department of Environmental Quality (ADEQ), reported that he began to experience health problems which advanced over the years to the point that he was forced to take medical leave and disability in 1994. He said that a medical doctor reviewing his health history noticed that the onset of physical illness coincided with a root canal performed in 1983 and referred him to Dr. Terry Lee, a holistic dentist. He said that although possessed of a skeptical and scientific mind, he submitted to holistic dentistry and received a second chance at life.

Mr. Krcil asked that his freedom of choice as an informed dental consumer be protected, and he requested support for the establishment of a separate board for holistic/alternative working solutions. (For a hard copy of Mr. Krcil's prepared testimony, see Attachment 5.)

Gary J. Smith, D.D.S., J.D., speaking as a concerned Arizona citizen knowledgeable in dental practices, law and dental science, related that he and his wife made an informed decision to have their silver mercury fillings removed. He said it is troubling that government feels entitled to claim *lack of sufficient scientific evidence* and intrude upon the health care decisions of private citizens.

Dr. Smith provided the Committee with unofficial transcripts of the two most recent meetings of the Dental Board (Attachments 6 and 7 - filed with original minutes in the Office of the Chief Clerk) and drew attention to an exchange from the October 20th meeting (Attachment 7, page 12, lines 9 through 21) which addresses the different dental philosophies.

In summary, Dr. Smith requested that citizens not be denied access to information and holistic dental care.

Glena Gil, Mesa resident, said that she visited two dentists who refused her request to extract all her teeth. She said that choosing such an option is her right.

David Farnsworth, State Legislator, District 4, opined that the holistic dentist debate infringes on freedom of choice. He claimed that when boards or organizations are granted powers, they tend to abuse those powers.

Drew Langley, Director, Dental Board, said that although choice is good, the Dental Board is bound to comply with statutory regulations. He pointed out that Dr. Lee has four complaints in the formal hearing process -- three of which were filed by patients with the remaining complaint being filed by the Dental Board.

Dr. Langley asserted that the Dental Board does not prevent the distribution of information as long as that information is valid. Further, he pointed out that the Board was unable to find an accredited holistic dental school in the state or anywhere else in the world, and that holistic dentistry is not a recognized specialty by the American Dental Association.

(Tape 1, Side B)

Dr. Langley stated that the Board is against dentists broadly stating that everyone should have their silver mercury fillings removed.

Dr. Langley stated that protection of the public would not be improved by the addition of a separate holistic dentistry regulating board.

Cochair Gerard repeated Dr. Lee's comment that holistic dentists cannot even discuss silver mercury fillings with patients. Dr. Langley said that the Dental Board restricts against making false statements. For instance, he explained that a patient may request that a cracked filling be replaced with a composite material, but specified that a dentist may not make a blanket statement that patients should have silver mercury fillings removed.

In response to Cochair Gerard, Dr. Langley indicated that it is unethical by American Dental Association standards to remove silver mercury fillings without a patient diagnosis.

Mr. Aldridge pointed out that the Dental Board itself has a less than sparkling record. Given that holistic dentists, as a base, must obtain a degree from a certified school and pass the state board, he questioned why the Dental Board chooses not to accept their different philosophy. Dr. Langley replied that the Dental Board reacts to patient complaints and is very proud of its single-digit case backlog.

Mr. Aldridge questioned the reason for the conflict between traditional and holistic dentists. He repeated that holistic dentists are board certified and stated that any dental practitioner should have the option of entering into holistic dentistry. Mr. Aldridge questioned the financial feasibility of establishing a separate board for twenty dentists and therefore suggested that a holistic dentist serve on the Dental Board. Dr. Langley commented that Dental Board members are appointed by the Governor. He stated no personal objection to the suggestion but pointed out that his charge is to follow the law as currently written.

In response to Mr. Aldridge, Dr. Langley shared his opinion that holistic dentistry helps some people. However, he pointed out that until more scientific evidence is available, humans cannot be used as guinea pigs.

Mr. Aldridge said it is surprising to see how many developments which were ignored several years ago have since proven to be on the cutting edge of treatment. As an example, he commented that the legislature has heard no complaints about the Homeopathic Medical Board while the Board of Medical Examiners (BOMEX) continues to be burdened with a heavy backlog of cases. Dr. Langley indicated that as standards of care are developed over the years through scientific evidence, holistic dentistry may become the path of the future.

Cochair Day stated that the market is demanding greater integration between the scopes of practice and discipline, and said that the market must resolve its conflicts without further regulation.

In response to Ms. Horton, Dr. Langley stated that the Dental Board is collecting facts against Dr. Lee and said that this process is being misrepresented to the legislature.

In response to Ms. Horton, Dr. Langley said that until new scientific data results in modified standards from respected agencies such as the American Dental Association and the National Institute of Health, the Dental Board must accept what is taught in dental schools.

Ms. Horton asked if the Dental Board is attempting to shut down the practice of holistic dentistry. Dr. Langley replied in the negative.

Ms. Horton stated that twenty dentists should not be prohibited from offering alternative dentistry simply because they have a different philosophy, and she questioned why the traditional and holistic dentists do not try harder to get along. Dr. Langley repeated that the Dental Board is obligated to review individual patient complaints to determine whether harm was done to the patient so that appropriate action can be taken.

Cochair Gerard pointed out that it is unfair to compare BOMEX to the Homeopathic Medical Board because BOMEX licenses 10,000 physicians while the Homeopathic Medical Board licenses 66, less than 50 of which practice within Arizona. To Dr. Langley she stated that the entire conflict between traditional and holistic dentists is extremely premature because people who desire holistic dentistry are not prevented access to it.

Greg McFarland, Executive Director, Arizona Dental Association, concurred with Dr. Langley's comments about scientific data and schools, and pointed out that the Committee is entertaining a proposal from an anonymous group of people who do not possess special accreditation from a school.

Dr. McFarland said that freedom of choice in dentistry already exists. He explained that less than one percent of the population may experience an allergic reaction to mercury, and said that such cases should be referred to appropriate medical practitioners. He emphasized that absolutely nothing prevents a dentist in Arizona from removing fillings for allergic or aesthetic reasons, and claimed that disciplinary action will not be taken in cases where the rendering of services is deemed necessary.

Senator Petersen suggested that patients could sign a letter stating that there is no proof that removing silver mercury fillings will improve health. Dr. McFarland replied that an "informed consent" is a document signed by a patient which identifies things that may or may not occur.

Mr. Aldridge mentioned that more than a hundred traditional dentists have phoned his office and he asked if the concern over the twenty holistic dentists is the result of a turf war. Dr. McFarland claimed that there is no vendetta against holistic dentists.

Mr. Aldridge moved that the Committee recommend that the legislature have a holistic dentist serve on the Dental Board. Ms. Horton seconded the motion.

Cochair Day remarked that a motion regarding Dental Board membership would be more appropriately made during Dental Board hearings.

Mr. Aldridge withdrew his motion with approval of the second.

Cochair Gerard moved that based on information presented in Committee, the Committee recommend that no action be taken for licensure of a separate holistic dental board. Mrs. Preble seconded the motion.

Cochair Gerard said there is no evidence that holistic dentists are being put out of business. However, she shared her opinion that the Committee should recommend that the Dental Board work with holistic dentists to resolve any concerns.

Cochair Day mentioned that establishment of a separate board is highly unlikely given the small number of holistic dentists.

The motion carried by a majority voice vote.

SUNRISE REVIEW OF SURGICAL ASSISTANTS

Wesley Smith, Certified Surgical Assistant, Tucson resident, explained that there are twenty-six certified surgical assistants in Arizona. He said that his practice in Tucson performs about 1,000 surgical cases per year and assists eighty surgeons in the Tucson area. He requested licensure for the following reasons:

- A regulating board will offer better discipline for certified surgical assistants.
- Because certified surgical assistants are not licensed, the Arizona Health Care Cost Containment System (AHCCCS) has revoked its provider number.
- The education level of certified surgical assistants is at question.

Mr. Smith explained that an individual must complete sixty hours of prerequisite coursework, complete a surgical technology program, and spend at least five years in an operating room as a surgical technologist before applying for the surgical assistant program. He added that the aspiring surgical assistant must then complete more than 750 hours in surgery each year for three years before applying for certification.

In response to Cochair Gerard, Mr. Smith said that none of the states presently license certified surgical assistants. He advised that certification is obtained through the National Surgical Assisting Association, and that coursework varies per school.

In response to Cochair Gerard, Mr. Smith indicated that he functions primarily as a cardio-thoracic surgery assistant. He explained that in all hospitals in the Tucson area except one, he is allowed to remove vein from a patient's leg for bypass surgery. He reviewed the other surgeries in which he is qualified to assist.

Mr. Smith said that aside from his privileges to perform a particular minor surgery, he is responsible for assisting the surgeon by draping patients, retracting tissue and exposing the operating field area, clamping and drying vessels, and keeping the operative site dry.

Cochair Gerard questioned how certified surgical assistants differ from surgical nurses. Mr. Smith explained that his training is utilized only in the operating room and does not include any nursing services. He mentioned that some highly trained registered nurses and physicians assistants have expanded their scope of practice to include surgical assisting.

Mr. Smith stated that he has hundreds of signatures of support from surgeons, nurses, operating room directors and administrators. Cochair Day mentioned that all the associations which signed up to testify on the matter are not in support of certification for surgical assistants.

In response to Cochair Day, Mr. Smith explained that AHCCCS stripped surgical assistants of their provider number simply because they were not licensed.

In response to Cochair Day, Mr. Smith indicated that a new specialty will not be created because surgical assistants have always been utilized in the operating room. He said that AHCCCS, a major contract, no longer reimburses surgical assistants but that most insurance companies do reimburse because they recognize that the field of non-fixed surgical assistants will grow in the future.

Mr. Smith expressed fear that loss of AHCCCS and FHP reimbursement might establish a pattern that insurance companies will follow. He stated that surgical assistants do not refuse any surgery but do make an effort to avoid procedures handled by Medicare.

Cochair Day suggested that the issue could be defined as a contractor agreement problem between surgical assistants and the hospitals surgery centers. Mr. Smith replied in the negative and explained that surgical assistants do not work for the hospitals but merely have privileges to perform services at hospitals in accordance with hospital regulations.

Referring to the handout entitled West Coast Surgical Specialists (Attachment 8 - filed with original minutes in the Office of the Chief Clerk), Mrs. Preble asked if Dean Dalen at the University of Arizona consented to serve as Chairman of the Board. Mr. Smith replied in the negative and said that any physician could serve as Chairman.

Cochair Day asked whether BOMEX, the Arizona Hospital Association or any nursing associations were consulted prior to drafting of the proposal for certification (Attachment 8). Mr. Smith replied that meetings were held with the National Surgical Association.

Caryn Lee, Certified Surgical Assistant, said that for many years, a second physician fulfilled the role of surgical assistant. She said that the certified surgical assistant profession is increasing tremendously because many physicians can no longer spend four hours each day assisting in surgery.

Ms. Lee explained that because of the increased demand for qualified certified surgical assistants, there has been an increase in *unqualified* certified surgical assistants.

(Tape 2, Side A)

Ms. Lee noted that AHCCCS granted a provider status number in 1994 but revoked it six months later because certified surgical assistants were not licensed. She said that the majority of trauma calls she responds to are AHCCCS cases and that she often works all night on these cases only to learn later that she cannot be reimbursed.

Ms. Lee mentioned that each hospital facility has different regulations and she emphasized that every patient deserves quality care.

In response to Mrs. Preble, Ms. Lee indicated that she attended the Arizona College of Medical Careers in Phoenix which has been closed for seven years. She gave a history of her work experience and training.

David Landrith, Vice President of Policy, Arizona Medical Association, spoke against the sunrise proposal for surgical assistants and confessed to an overwhelming ignorance of the profession. He expressed concern that the sunrise proposal consists of a two-page letter, which does not seem to comply with sunrise provisions, and offers draft legislation which was developed simply by taking current statute applying to physicians assistants and substituting "surgical assistant" for "physician assistant". He mentioned that this is the reason why Dean Dalen's name appears in the proposal.

Mr. Landrith mentioned that he only saw the proposal the previous day and said that on further checking, he found that BOMEX, the Arizona Hospital and Healthcare Association, the Osteopathic Association, the Nurses Association and other associations in the health care field were not consulted. He said that based on the proposal (Attachment 8), there is no way to determine if there is indeed a problem.

In addition, Mr. Landrith pointed out that the proposed licensing board funding scheme is unworkable and will only generate \$2,500 to \$3,000 a year -- one-third of the cost of a clerical position. He emphasized that physicians, who were not consulted about the proposal, will be expected to subsidize this regulatory scheme.

Mr. Landrith said that in reality, unqualified people may not be running amok through hospitals performing surgery because hospitals establish their own criteria. Further, he said it is a revealing

message that AHCCCS discontinued the provider number and he encouraged the Committee to consult AHCCCS and request the basis for this decision.

In summary, Mr. Landrith stated that not enough information is available to determine the merit of the idea, public safety or sufficiency of standards. On basis of lack of knowledge, he opposed the proposal for licensure of certified surgical assistants.

Carolyn Machold, Operating Room Registered Nurse, Tucson resident, said that although opposed to the issue before the Committee, she is not necessarily opposed to regulation of unlicensed assisted personnel in the operating room. She said she shudders to think what could happen to her own license every time she is responsible for an unlicensed person in the operating room. She pointed out that although she and Mr. Smith basically perform the same job in the operating room, she holds a bachelor's degree and master's degree.


Ms Machold remarked that based on previous testimony, the issue of primary importance for certified surgical assistants seems to be reimbursement as opposed to the provision of health care. She noted that standards, regulation and scope of practice are the primary issues of concern for providers.

In closing, Ms Machold said that although she supports the concept of regulation for surgical assistants, the proposal before the Committee does not adequately address the issues required for sunrise

Cochair Gerard recommended against licensure for the time being and suggested that certified surgical assistants spend time in 1995 working with nursing associations, BOMEX, doctors of osteopath and hospital associations, and then come before the legislature with an agreement. Cochair Day seconded the motion. The motion carried by a majority voice vote.

Mr. Smith apologized and said he was not aware that so many other associations had to be involved in the development of the proposal

Without objection, the meeting was adjourned at 4:05 p.m.



Teresa Alvarez, Secretary

(Original minutes, attachments and tapes on file in the Office of the Chief Clerk.)