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DATE: January 23, 2023

TO: Hearing Attendees and Commenters –
OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for
a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

FROM: Brittany Hall, Hearing Officer and Administrative Rules Coordinator

cc: Dana Selover, MD, MPH; Section Manager
Health Care Regulation and Quality Improvement

SUBJECT: Presiding Hearing Officer's Report on Rulemaking Hearing and Public
Comment Period

Hearing Officer Report

Date of Hearing: December 15, 2022, via Microsoft Teams.

Purpose of Hearing: The purpose of this hearing is to receive testimony regarding the Oregon Health Authority (Authority), Public Health Division, Health Care Regulation and Quality Improvement's proposed permanent amendments to OAR 333-076-0137 and OAR 333-520-0050.

In response to passage of HB 4106 ([2022 Oregon Laws, Chapter 65](#)), the Authority is proposing to permanently amend OAR 333-076-0137 and OAR 333-520-0050 relating to the education requirements for a surgical technologist to practice surgical technology in an ambulatory surgery center (ASC) or hospital. These rules have been amended to add an apprenticeship pathway for persons to obtain education, training, and certification to practice surgical technology.

Hearing Officer: Brittany Hall

Testimony Received: Five individuals provided oral testimony at the hearing. This testimony is briefly summarized as follows:

Amy Aldus, Instructor of Surgical Technology, Mount Hood Community College

Amy Aldus testified as a representative of the Oregon Association of Surgical Technologists (OAST) and the Association of Surgical Technologists (AST).

They stated that OAST and AST largely support the proposed rules regarding HB 4106 as they align with the law and achieve the rules substantive goals.

OAST and AST request a change to the supervision requirements, as a surgical technologist must sometimes leave the room to do their job. The rules should be changed to reflect the need for a supervising surgical technologist to be assigned to each patient occupied room. The rules should also require clinical rotations.

OAST and AST strongly support the education standards reflected in the rules, and strongly supports the inclusion of the requirement that BOLI (Bureau of Labor and Industries) reviews the occupational standards and fully assesses whether the curriculum meets or exceeds the core curriculum standards established by AST. Education not only protects patients, but also protects trainees from injury and disease.

Amy Aldus also provided testimony on the importance of diverse clinical experiences and their role in providing a strong educational foundation to prepare for the demanding and high stakes environment of the operating room. Each type of surgery has unique equipment, instruments, supplies, processes and safety considerations. There's no rotation that is not important and can be skipped. Every surgical specialty has important and unique elements to learn that are important for patient outcomes.

Regarding supervision, OAST and OST appreciate that the rules were changed to reflect certified surgical technology supervision since surgeons are not available to train or supervise surgical technologists before or after surgery, and surgeons are busy doing the surgery during the procedure. Adequate supervision by a surgical technologist before, during and after surgery is critical for patient safety. OAST and AST recommend changing language in sub-subparagraph (9)(b)(B)(ii)(II) of both rules, "*Is physically present in the operating room or procedure room at all times*", to reflect the law that requires the trainee is provided "adequate direct supervision" while not always requiring physical presence. Surgical technologists must leave the room to prepare for surgery and during surgery to retrieve equipment, instrumentation, and supplies.

OAST and AST also submitted written comments that further detail the oral testimony Amy Aldus provided on behalf of the organizations. Those comments are attached to this report as Exhibit 1.

Agency response: The Authority thanks Amy Aldus for the public and written comments provided on behalf of the Oregon Association of Surgical Technologists and the Association of Surgical Technologists.

With regard to direct supervision of an apprentice, the Authority has made the suggested changes as follows:

(9) Authority approval of a registered apprenticeship program:

(b) In reviewing the apprenticeship program, the Authority shall:

(B) Consider whether the program's occupational standards submitted to BOLI implements satisfactory education and training curriculum and requirements to protect health and safety of apprentices and patients, including but not limited to:

(ii) Whether the program requires that the apprentice be supervised when performing surgical technology duties by a surgical technologist who:

(I) Is certified by one of the certifying organizations specified in paragraphs (7)(b)(A) through (C) of this rule;

(II) Is **assigned to, and physically present in, the operating room or procedure room for the duration of the surgical procedure unless it becomes necessary for the supervising surgical technologist to leave the room as part of the surgical procedure at all times; and**

(III) While acting in a supervisory role, is not assigned to any other patient or procedure; and

(IV) Personally directs delegated tasks and is available to personally respond to any emergency until the patient is removed from the operating room or procedure room.

With regard to clinical training, as stated in the written comments it is recommended that the rules include a requirement for clinical training that aligns with the core curriculum for surgical technology which includes both numbers of cases and the breadth of clinical areas where surgical technologists work. The Authority has specified in rule that the education and training curriculum must meet or exceed the Seventh Edition of the Association of Surgical Technologists, Core Curriculum for Surgical Technology. The curriculum acknowledges that some skills may need to be performed in a clinical setting. Section III of the curriculum is specific to 'Clinical – Surgical Rotation and Roles' and requires that students complete a minimum number of cases in different specialties. The Authority acknowledges the important role the Joint Apprenticeship Training Committee will play in developing the surgical technologist apprenticeship program, and issues such as whether an apprentice receive experience in every surgical specialty should be discussed in this venue.

The Authority also notes that due to HB 4106 (2022 Oregon Laws, Chapter 65), the administrative rules still require the completion of an educational program that is accredited by the CAAHEP or ABHES, and it is important to point out that an individual may obtain certification through the NCCT or JCAHPO, not just the NBSTSA, to be eligible to practice surgical technology. Additionally, per the law, an apprentice must obtain certification from the NCCT not the NBSTSA.

Chris Skagen, Executive Director, Oregon Ambulatory Surgery Center Association

Chris Skagen testified that the Oregon Ambulatory Surgery Center Association (OASCA) is in support of the rules as presented and believe that this is a great way to address the systematic racism that has locked out BIPOC communities for many years. The apprenticeship program is adequate to address the concerns regarding supervision, as well as the education requirements. There is a significant shortage of surgical technologists within Oregon and it's a problem that has been growing over the years. The apprenticeship-based model provides additional capacity for students to help resolve this shortage. OASCA appreciates the approach of the state in finding creative solutions that will be able to address this problem in the years going forward.

OASCA also submitted written comments, including a link to a change.org petition signed by 47 individuals in support of the rulemaking process, and those comments are attached to this report as Exhibit 2.

Agency response: The Authority thanks Chris Skagen for their support of the proposed rules.

Doug Riggs, Oregon Ambulatory Surgery Center Association

Doug Riggs testified on behalf of the Oregon Ambulatory Surgery Center Association (OASCA), as well as individual surgical techs, clinics and other organizations.

Doug Riggs shared what he has heard from Oregonians throughout the state over the past three years. The organizations and structures that were supposed to address our healthcare workforce have failed, largely because the system that they have unfailingly defended protects interests without creating additional workforce; this is at the expense of patient safety and good health outcomes. That system is inherently racist and also discriminates against veterans, single mothers, rural residents and youth.

The system that is being considered today is inclusive and gives opportunities to those who have previously been shut out. It is a major move towards addressing the policies of the past and fixing a severe workforce crisis that's negatively impacting patient

health. OASCA supports the rules and urges that they be moved ahead as soon as possible.

Doug Riggs also submitted written comments and a petition signed by 35 professionals. Their submission is attached to this report as Exhibit 3.

Agency response: The Authority thanks Doug Riggs for their remarks.

Maureen McGee, Concorde Career Colleges

Maureen McGee testified on behalf of Concorde Career Colleges, which operates a surgical technology associate degree program at their Portland campus. Concorde was neutral during the legislative discussion of HB 4106, premised on the understanding that the statutory language as ultimately adopted by the legislature requires education of apprentices that is equivalent to the education standards required of Concorde's students and requires adequate direct supervision of apprentices when performing surgical technology during their training.

Maureen McGee testified that Concorde Career Colleges participated on the rule advisory committee (RAC) for this rulemaking and provided extensive comments at that time on both the educational and supervision requirements and are pleased to see that the proposed rules incorporate feedback provided during the RAC regarding these requirements. They testified in strong support for the educational standards within the proposed rules as written, and thanked OHA (Oregon Health Authority) for ensuring that the rules appropriately require that the supervision of apprentices and the operating room be provided by a certified surgical technologist.

Maureen McGee testified that Concorde Career Colleges has a minor suggestion for a technical change to the supervision requirements to allow the supervisor to sometimes leave the room when that is necessary. That proposed change was submitted in written comments and can be viewed in detail there.

Maureen McGee's written comments submitted on behalf of Concorde Career Colleges are attached to this report as Exhibit 4.

Agency response: The Authority thanks Maureen McGee for their comments and refers them to the response to Amy Aldus with regard to direct supervision.

Vanessa Hannemann, Government Affairs Director, Oregon Association of Surgical Technologists

Vanessa Hannemann testified on behalf of Oregon State Assembly surgical technologists who couldn't attend the hearing and read their testimony.

OAST and AST largely support the HB 4106 rules and greatly appreciate the educational standard inclusion that was discussed by Amy Aldus. They also appreciate the rules were changed to reflect certified surg tech supervision since it's not possible for surgeons to provide direct supervision as required by law.

OAST and AST recommend the rules add a requirement for clinical training that aligns with the core curriculum. The law requires trainees to obtain on the job supervised training and this was part of the legislative intent. The proponents' fact sheet stated trainees would gain hands on skill and get direct patient care experience. Their members are concerned that trainees may not get enough training in various surgical specialties and are worried this will harm patients and disempower the communities the program aims to uplift. Diverse clinicals not only teach surgical team interactions and embed physical safety habits, but they also teach an immense amount about each specialty. Each specialty has unique equipment, instruments, supplies, processes, and safety considerations.

Vanessa Hannemann read details in her oral testimony on behalf of Oregon State Assembly surgical technologists about the importance of supervision and diverse clinical training.

Agency response: The Authority thanks Vanessa Hannemann for their comments and refers them to the response to Amy Aldus with regard to direct supervision.

Other Comments: Seven individuals or organizations submitted written comments to the Authority within the period allotted for public comment, which closed at 5:00 PM on December 21, 2022. These comments are briefly summarized as follows:

Steven Loftesnes, CEO, Grants Pass Surgery Center

Steven Loftesnes wrote to provide support for the proposed rules regarding education requirements for a surgical technologist in an ASC. They wrote that "Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship-based model provides additional capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists."

Steven Loftesnes's written comments are attached to this report as Exhibit 5.

Agency response: The Authority thanks Steven Loftesnes for their support of the proposed rules.

Dana Van Laeys, Vice President, Government Affairs, National Center for Competency Testing (NCCT)

Dana Van Laeys wrote to provide support for the proposed surgical technologist apprenticeship initiative. They wrote that "Oregon is one among many states that have faced a dramatic shortage of qualified surgical technologists, and this problem has only grown over the years (contributing factors include legislation impeding legitimate training and certification pathways). Apprenticeship based models can provide additional capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train certified and competent surgical technologists."

Dana Van Laey's written comments are attached to this report as Exhibit 6.

Agency response: The Authority thanks Dana Van Laeys for their support of the proposed rules.

Kim Bemrose, MSN, RN, CNOR, Nurse Administrator, Willamette Surgery Center

Kim Bemrose wrote to provide support for the proposed rules regarding education requirements for a surgical technologist in an ASC. They wrote that "Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship based model provides additional capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists."

Kim Bemrose's written comments are attached to this report as Exhibit 7.

Agency response: The Authority thanks Kim Bemrose for their support of the proposed rules.

Ryan Grimm, RN, BSN, MBA, Director of Surgical Services, The Portland Clinic

Ryan Grimm wrote to provide support for the proposed rules regarding education requirements for a surgical technologist in an ASC. They wrote that "Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship based model provides additional

capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists."

Ryan Grimm's written comments are attached to this report as Exhibit 8.

Agency response: The Authority thanks Ryan Grimm for their support of the proposed rules.

Jason Ruby, Oregon State Board of Nursing

Jason Ruby wrote that staff at the Oregon State Board of Nursing looked at the proposed rules and "there is no impact to to [sic] nursing that would violate or affect any of the rules of the Nurse Practice Act."

Jason Ruby's written comments are attached to this report as Exhibit 9.

Agency response: The Authority thanks the Oregon State Board of Nursing (OSBN) for reviewing the rules and acknowledging that the proposed rules will not violate the Oregon Nurse Practice Act or affect OSBN administrative rules.

Scott Smallwood, RN, BSN, CNOR, Clinical Director, Bend Surgery Center

Scott Smallwood wrote to provide support for the proposed rules regarding education requirements for a surgical technologist in an ASC. They wrote that "Oregon has faced a dramatic shortage of certified surgical technologists, and this program has only grown over the years. I believe that an apprenticeship based model provides additional capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists."

Scott Smallwood's written comments are attached to this report as Exhibit 10.

Agency response: The Authority thanks Scott Smallwood for their support of the proposed rules.

Terry FitzPatrick, Administrator, Oregon Urology Institute

Terry FitzPatrick wrote to provide support for the proposed rules regarding education requirements for a surgical technologist in an ASC. They wrote that "Oregon in general and Oregon Urology Institute specifically has faced a dramatic shortage of certified

surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship-based model provides additional capacity for students to help resolve this shortage." They further wrote that "we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists."

Terry FitzPatrick's written comments are attached to this report as Exhibit 11.

Agency response: The Authority thanks Terry FitzPatrick for their support of the proposed rules.



**Oregon Health Authority
Public Health Division
Health Care Regulation and Quality Improvement
800 NE Oregon St., Suite 465
Portland, OR 97232**

December 21, 2022

Subject: Oregon Administrative Rules 333-076-0137 and 333-520-0050 relating to the education requirements for a surgical technologist to practice surgical technology in an ambulatory surgery center (ASC) or hospital due to passage of HB 4106 (2022 Oregon Laws, Chapter 65)

The Oregon Association of Surgical Technologists (OAST) and the Association of Surgical Technologists (AST) largely support the proposed rules regarding House Bill 4106 as they align with the law and achieve the rule's substantive goals. OAST and AST appreciate that education and supervision requirements were enhanced. We have a technical recommendation regarding supervision language, outlined below. We are also requesting additional language to require clinical experiences to align with the Core Curriculum for Surgical Technology to create patient safety.

The non-profit Association of Surgical Technologists, founded in 1969, has more than 53,000 diverse members nationwide with strong representation from BIPOC communities, LGBTQIA+, and young people with about 700 surgical technologists belonging to the Oregon Association of Surgical Technologists.

While OAST and AST opposed House Bill 4106, we can now best advocate for our Oregon Certified Surgical Technologists, surgical patients, and future surgical technology trainees by championing for *the high educational and supervision standards that were promised by the legislation's proponents*. The shortage of surgical technologists is not only due to the pandemic and unprecedented national events, but also because Oregon is underserved in terms of surgical technologist community college programs. For example, no surgical technology programs are available at Rogue, Blue Mountain, Chemeketa, Clackamas, Astoria, Columbia Gorge, Klamath, Lane, Oregon Coast, Portland, Southwestern Oregon, Tillamook Bay, Treasure Valley, Umpqua or Central Oregon Community Colleges. AST offers resources to support community college programs. Please see the AST website for more information: https://www.ast.org/Educators/Professional_Resources/.

OAST and AST Strongly Support the Educational Standards in Oregon Administrative Rules 333-076-0137 and 333-520-0050

OAST and AST strongly support the educational standards reflected in the rules. The coalition supporting House Bill 4106 promised the legislature “the highest level of educational standards” and that the two pathways to becoming a surgical technologist would both be high quality. Also, certain stakeholders were neutral *because* the law set high educational standards.

High-quality educational standards for these programs also ensures these programs are not discriminatory. We strongly support:

1. The inclusion of the requirement that the Bureau of Labor and Industries (BOLI) reviews whether the program's occupational standards submitted to BOLI implements satisfactory education and training curriculum and requirements to protect health and safety of apprentices and patients; and
2. The requirement that BOLI assesses whether the curriculum meets or exceeds the core curriculum standards established by the Association of Surgical Technologists in its Core Curriculum for Surgical Technology, Seventh Edition.

Surgical technologists need a strong educational foundation. The growth of college-based surgical technology programs was not driven by professional organizations, but rather by demand from hospitals and ambulatory surgical centers and supply by community colleges. It was evident surgical technologists needed a strong educational foundation to prepare for the demanding and high-stakes environment of the operating room.

Education not only protects patients, but also protects trainees from injury and disease, such as laser injury and infectious disease like HIV, hepatitis C and tuberculosis. Disease exposure is a real day-to-day risk for operating room personnel. Oregon apprenticeship trainees deserve to be prepared to enter the operating room environment armed with a minimum amount of essential knowledge to protect themselves.

Accreditation standards require surgical technology programs to teach certain topics **before a student sets foot in the operating room**. The practice of surgical technology requires much deeper knowledge than identifying instruments. Not all programs are identical; however, the same standards apply to all nationally accredited programs and include the following topics:

1. Anatomy to provide a basic understanding to operative procedures.
2. Basic physiology including normal human body structure and function, major systems, organs, and terminology necessary for understanding disease.

3. Medical terminology.
4. The working environment, surgical attire, and safety standards.
5. Chemical hazards.
6. Duties of the scrub role.
7. Surgical wound management.
8. Infection control practices.
9. Hemostasis principles.
10. Basic patient care concepts.
11. Instrument decontamination, disinfection, and sterilization.
12. Electricity as it relates to patient safety.
13. Laser safety.
14. Basic legal responsibilities such as HIPAA.
15. Professional standards of conduct and risk management issues.
16. Infection control including basic microbiology with a focus on pathogenic bacteria, viruses, and fungi.
17. Methods of destruction, removal, and inhibition of microorganisms.
18. Basic education on how the immune system protects against pathogens.
19. Disaster preparedness.
20. Stress management.
21. Professional communication.
22. Ethical and moral responsibilities.
23. HIV/AIDS education training.
24. OSHA standards for universal precautions.
25. PPE and precautions for illnesses like tuberculosis and other airborne diseases.
26. Hepatitis C prevention.
27. Hazard communication in working with blood borne pathogens.
28. Post exposure follow-up.
29. Basic patient assessment as it relates to surgery.
30. Common medications, stressing identification, handling, and usage.
31. Equipment, supplies, instrumentation, and techniques.
32. The correct order of steps for surgical procedures in general surgery, OB-GYN, orthopedics, urology, cardiothoracic, ENT/oral and maxillofacial surgery, plastic and reconstructive, vascular, ophthalmic, spine, neurosurgery, endoscopic and robotic-assisted surgery.

After this education and a surgical skills lab, surgical technology students begin clinicals.

At the skills lab, principles of aseptic technique and safety are practiced. Only then do surgical technologists begin clinicals.

Even with this strong didactic educational preparation and solid clinical training, surgical technologists who graduate from accredited programs still have a great deal to learn on the job and other professionals in the room continue to teach them.

OAST and AST Support Supervision by CSTs and Recommend Changes to Supervision Requirements in Oregon Administrative Rules 333-076-0137 and 333-520-0050

OAST and AST appreciate the rules were changed to reflect certified surgical technologist supervision, since surgeons are not available to train or supervise surgical technologists before or after surgery. Also, surgeons are busy during surgery as their eyes are on the surgical site. Adequate supervision by a surgical technologist both before, during and after surgery is critical for patient safety.

OAST and AST recommend changing the language, “(II) Is physically present in the operating room or procedure room at all times” to reflect the law that requires the trainee is provided “adequate direct supervision” while not always requiring physical presence. Surgical technologists must leave the room to prepare for surgery and during surgery to grab equipment, instrumentation, and supplies. OAST and AST propose the following language:

- (ii) Whether the program requires that the apprentice be supervised when performing surgical technology duties by a surgical technologist who:
 - (I) Is certified by one of the certifying organizations specified in paragraphs (7)(b)(A) through (C) of this rule;
 - ~~(II) Is physically present in the operating room or procedure room at all times; and~~
 - (II) Is assigned to, and present in, the operating room or procedure room for the duration of the surgical procedure unless it becomes necessary for the supervising surgical technologist to leave the room as part of the surgical procedure;**
 - (III) While acting in a supervisory role, is not assigned to any other patient or procedure; and**
 - (IV) Personally directs delegated tasks and is available to personally respond to any emergency until the patient is removed from the operating room or procedure room

OAST and AST Recommend the Rules Include a Requirement for Clinical Training that Aligns with the Core Curriculum for Surgical Technology

The law requires trainees to obtain on-the-job supervised training, and this was part of the legislative intent. The proponents stated in their fact sheets submitted to the legislature that trainees would gain hands-on skill and have experience in direct patient care.

Our members are genuinely concerned that these trainees may not get enough hands-on training in various surgical specialties and that this *will disempower the communities it aims to uplift*. Clinicals not only teach surgical team interactions and embed physical safety habits and automaticity, but they also teach trainees an immense amount about each specialty. Each specialty and general surgery have unique equipment, instruments, supplies, processes, and safety considerations. It is important clinical rotations and case types are tracked to ensure students get adequate minimal experience in each surgical specialty.

The Importance of Surgical Technologist Supervision and Diverse Clinicals

Graduates of this program will be considered qualified and eligible for hire to work at Trauma I and Trauma II hospitals and in all specialties. Graduates could very easily face situations like the ones listed below early in their careers.

Surgical technologists maintain the sterile surgical field to ensure members of the surgical team adhere to sterile technique. They serve as the surgeon's co-pilot and provide instruments and supplies to the surgeon during a surgery and must constantly anticipate the surgeon's needs.

Prior to surgery, the surgical technologist is the lead member of the operating room team who ensures the surgical team has the instrumentation and supplies *needed* for surgery before the patient is in the room and under anesthesia. This requires a deep understanding of various specialties.

Surgical technologist trainees should be supervised and learn specialty medications for medication safety. Surgical technologist errors in medication safety can cause patient harm and even death. For example, three very common medications in surgery are heparinized-saline, lidocaine, and epinephrine. Epinephrine comes in various dilutions and is used only topically in higher concentrations. Surgical patients have coded when the surgical technologist accidentally hands topical epinephrine to the surgeon for injection. Similarly, patients have coded when a surgical technologist mixes up heparinized saline with lidocaine, as lidocaine is cardiotoxic in large volumes.

Surgical technologist trainees should be supervised and have diverse training to prevent surgical fires. According to Smith and Roy (2011), 25.2% of surgeons have witnessed a surgical fire during their career. Surgery creates the triangle of fire risk because supplemental oxygen is often present near ignition sources very common in surgery such as electric cautery. Someone unfamiliar with surgery might think, for example, having a rotation in ENT isn't necessary as ENT instruments are simple. However, according to one study, 65% of surgical fires occurred during ENT surgeries.¹ *Each specialty has important unique patient safety considerations.*

Surgical technologist trainees should be supervised and have diverse clinicals to prevent patient harm and death related to instruments and implants. During surgery, the surgical technologist manages instruments, and implants that can harm patients. For example, for neurosurgery cases, the surgical technologist assembles drills that go into the patient's brain. The surgeon trusts the surgical technologist to hand off the right size drill, that the drill is

¹ Smith, L. P., & Roy, S. (2011). Operating room fires in otolaryngology: Risk factors and prevention. American Journal of Otolaryngology, 32(2), 109-114.

assembled correctly, and the drill bit does not fly off. It's not customary for the surgeon to check the drill before they saw, for example, the skull. The surgical technologist also prepares surgical implants like heart valves, artificial hips, knees, and spine implants. Patients have died, for example, when a surgical technologist has mixed the bone cement incorrectly for a knee replacement. We acknowledge it takes a team to make an error like this, it also takes a team to prevent one.

Trainees should be supervised and have diverse clinicals to prevent patient harm and death related to cancer specimens. The surgical technologist's ability to manage cancer specimens very quickly and accurately can be life or death to the patient as a mix-up can lead to the wrong cancer treatment. This requires not only mechanical automaticity, but also medical terminology knowledge. Many specialties don't have an overwhelming amount of cancer specimens, others do.

Trainees should be supervised and have diverse clinicals to prevent patient harm and death related to practice sterile technique. Sterile technique becomes very complex quickly in certain cases, such as breast cancer cases with one healthy breast being removed prophylactically, bowel cases, and combined ENT/brain surgeries in which a tumor crosses a boundary (the mouth is technically infected, but the brain is sterile). The surgical technologist must keep the instrumentation separate. The U.S. Department of Health and Human Services in its Action Plan to Prevent Healthcare-Associated Infections cited that surgical site infections result in an estimated 13,088 deaths per year and cost hospitals approximately \$25,546 per infection.

Trainees should be supervised and have diverse clinicals to prevent patient harm and death related to bleeding. A surgical technologist's skill is important during a trauma, brain bleed or an accidental bleeder during routine surgery. Accidental bleeders are rare, so trainees need practice in traumas and neurosurgery clinicals. Automatic reflexes are built with practice. *The pace and skill of the surgical technologist is vital to patient outcomes during cases with rapid bleeding.* Supervisors must be available to step in during bleeding emergencies.

Trainees should be supervised and have diverse clinicals to prevent patient harm and death related to contaminated instruments. After surgery, surgical technologists must adequately clean or infected biomatter can remain on surgical instruments. Though seemingly simple, to be cleaned correctly, many specialty surgical instruments must be taken apart in ways that are not intuitive. The Joint Commission reports that 36% of accredited hospitals surveyed in 2011 were noncompliant with its standards to reduce the risk of infection associated with medical equipment, devices, and supplies.²

² Pyrek, Kelly. Improper Reprocessing Targeted As One of Healthcare's Most Dangerous Hazards. *Infection Control Today*; Vol. 17, No. 5, May 2013.

Trainees should have diverse clinicals to avoid costly mistakes. Large operating rooms can lose thousands, if not tens of thousands, of dollars per week in items the surgical technologist accidentally throws away or breaks. For example, certain robotic instruments cost more than a nice, new car. Many non-disposable surgical items seem disposable.

Prioritize Patient Safety Over Simplicity

OAST and AST recognize providing high-quality care in rural communities can be challenging. *The claim that a simple program needs to be created (to allow for quick implementation) to address “the rural surgical technologist shortage crisis” seems unfounded.* Surgery is not simple, and neither are surgical technology training programs. On December 20, 2022, a search of facility website job postings at hospitals and surgery centers located away from I-5 demonstrated few surgical technologist openings relative to most operating rooms in the country right now. A search was performed of all hospital and ASC HB 4106 coalition member facilities located away from the I-5 corridor. Of the central and rural Oregon facilities that posted jobs online, *the average number of Certified Surgical Technologist openings was **less than one**.* Most ORs have regular staff turnover for all types of staff, and therefore usually have a few openings even in times of high practitioner supply. A few central and rural Oregon facilities had zero openings for surgical technologists. All central and rural Oregon operating rooms with online job postings had between 0 to 2 surgical technologist openings. Most of these facilities also had 2-3 openings for radiologic techs, respiratory therapists, ultrasound techs, polysomnographers, and a much higher number of RN openings. For example,

- Mid-Columbia Medical Center had **1** Certified Surgical Technologist job posting.
- Wallowa County Health Care District had **0** Certified Surgical Technologist job postings.
- Grande Ronde hospital had **2** Certified Surgical Technologist job postings.
- CHI St. Anthony Pendleton had **0** Certified Surgical Technologist job postings.
- Blue Mountain Hospital District had **2** Certified Surgical Technologist job postings.
- Adventist Tillamook had **0** Certified Surgical Technologist job postings.

The values of providing care quickly must be balanced with the value of providing safe care long-term.

OAST and AST Support the Continued Recognition of CAAHEP, ABHES, and the NBSTSA in Oregon Administrative Rules 333-076-0137 and 333-520-0050

Lastly, OAST and AST strongly support that the rule did not change regarding its recognition of CAAHEP, ABHES and the National Board of Surgical Technology and Surgical Assisting (NBSTSA), as this is in alignment with the intent of the original and amended laws. The only surgical technologist certification recognized by the Association of Surgical Technologists is

the Certified Surgical Technologist (CST) credential conferred by the NBSTSA. As of December 2022, the non-profit NBSTSA credentials more than 85,900 Certified Surgical Technologists nationwide. The NBSTSA was founded 53 years ago with the support of the American College of Surgeons, the American Medical Association, the American Hospital Association, and other surgical patient safety organizations. *The NBSTSA is accountable to patients and the surgical community.*

Current CST certification with the NBSTSA demonstrates that the individual meets the national standard for knowledge that underlies surgical technologist practice. When a person holds the CST credential it demonstrates mastery of a broad range of skills related to surgical procedures, aseptic technique, and patient care. A person who holds a verified CST credential is guaranteed to be a surgical technologist who has attended a high-quality surgical technology educational program, has passed the rigorous exam that demonstrates knowledge of safe performance of surgical technologist job functions and maintains current knowledge in their field.

The NBSTSA's CST credential is the only surgical technology credential recognized by the Association of Surgical Technologists, the American College of Surgeons, the Association of periOperative Registered Nurses and many hospital systems nationwide, including The Mayo Clinic. All states that recognize surgical technology in law recognize the NBSTSA's CST credential.

The Oregon Association of Surgical Technologists and the Association of Surgical Technologists appreciates the opportunity to provide comment. If you would like additional information, please contact oast.oregon@gmail.com and governmentaffairs@ast.org.

Melissa Garinger, CST
Hubbard, Oregon
OAST President

Nicole Skewes, CST
Salem, Oregon
OAST Board of Directors

Donald Dreese, CST, CSFA
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Julie Cyran, CST
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Tatiana Champigny, CST
Sandy, Oregon
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Sonia Lopez, CST
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EXHIBIT 2

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsoha.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

I am providing written support for the proposed rules OAR 333-076-0137 and OAR 333-620-0050, regarding education requirements for a surgical technologist in an ASC.

Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship based model provides additional capacity for students to help resolve this shortage. ASCs have been dedicated to patient safety, and we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists.

I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

Additionally, there have been 47 individuals that have signed a change.org petition to support the rulemaking process. The petition can be viewed here: <https://chnng.it/YZK4XQXZ> The list of signatories is provided below:

Name	City	State	Postal Code	Country	Signed On
Chris Skagen	Salida	CO		US	10/4/22
Azalea Gale	Fort Myers		33905	US	10/4/22
Dylan Gettinger	Miami		33169	US	10/4/22
Leslie bond	Vancouver		98685	US	10/4/22
Lonnie The goat	Portland		97225	US	10/4/22
Kai Kemp	Naples		34109	US	10/4/22
Jasmine Culler	Philadelphia		19132	US	10/4/22
Terry FitzPatrick	Springfield	OR	97477	US	10/4/22
Tara Fidalgo	whippany		7981	US	10/4/22
Tori Smalley	Ashland	OR	97520	US	10/4/22
keely o'brien	Evanston		60202	US	10/4/22

Reagan Petty	Milpitas		95035	US	10/4/22
Maryam Aghashti	Arlington		22204	US	10/4/22
Marc Fernandez	Cary		27511	US	10/4/22
Vikas S.	Cupertino		95014	US	10/4/22
Kyle Ryff				US	10/4/22
DOUGLAS RIGGS				US	10/4/22
ren bourdo	Grand Haven		49417	US	10/4/22
Daniel Nickels	Medford	OR	97504	US	10/4/22
Jeanette Wright	Springfield	OR	97477	US	10/4/22
Mark Norling	Portland	OR	97210	US	10/4/22
Patricia Casebolt	Medford	OR	97504	US	10/5/22
Wilma Hawkinson	Eugene	OR	97402	US	10/5/22
Erin macy	Eugene	OR	97402	US	10/5/22
Frederick Reeser	Citrus Springs	FL	34434	US	10/5/22
Ginny Pecora	Eugene	OR	97405	US	10/5/22
Jennie Gardner	Eugene	OR	97401	US	10/5/22
Tonya Willoughby	Springfield	OR	97477	US	10/6/22
Kat Coyer	Eugene	OR	97405	US	10/6/22
savannah russell	Portland	OR	97202	US	10/6/22
Kecia Norling	Portland	OR	97209	US	10/6/22
Sara Lay	Cottage Grove	OR	97424	US	10/7/22
Heaven Buzzard	Eugene	OR	97401	US	10/7/22
paola piedra hita	Eugene	OR	97401	US	10/7/22
Mandy Shellhart	Eugene	OR	97401	US	10/7/22
Katie Main	Eugene	OR	97401	US	10/7/22
Donna Mittasch	Eugene	OR	97405	US	10/8/22
Eugenie Higgins	Eugene	OR	97401	US	10/8/22
Gage Gangestad	Springfield	OR	97477	US	10/8/22
Matthew Gangestad	Eugene	OR	97405	US	10/8/22
Alexis Bryant	Sweet Home	OR	97386	US	10/9/22
Corey Plumb	Springfield	OR	97477	US	10/11/22
Ridgley Williams	Springfield	OR	97478	US	10/18/22
Kim Robb	Cottage grove	OR	97424	US	10/26/22
Adina Bratel	Portland	OR	97205	US	10/26/22

Amie Walter	Portland	OR	97205	US	10/26/22
deanna walker	Salem	OR	97301	US	11/1/22

Sincerely,

A handwritten signature in black ink that reads "Christopher Skagen". The signature is written in a cursive, flowing style.

Chris D. Skagen
OASCA Executive Director

From: [Doug Riggs](#)
To: [Public Health Rules](#)
Subject: SurgTech Rulemaking: 35 Medical Experts Urge Support for Surgical Tech Rules
Date: Wednesday, December 21, 2022 11:21:21 AM
Attachments: [20221221_111302.jpg](#)
[20221221_111338.jpg](#)
[20221221_111244.jpg](#)
[20221221_111218.jpg](#)
[20221221_111325.jpg](#)

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Please see the attached petition from 35 Oregon surgical specialists, surgical technologists, nurses, administrators and others who work in Oregon's medical care facilities.

These trained experts urge you to:

- Keep the Surgical Technologist Apprenticeship Rules Simple and Clear
- Allow for Surg Techs to complete their educational requirements through on-line learning,
- Preserve the legislative intent to allow for on the job training through skilled apprenticeship,
- Don't further disadvantage BIPOC communities, LGBTQIA+, rural residents, youth, etc. by preserving the existing, limited and discriminatory system,
- Meet the goal of having a program in place and rules finalized by January, 2023.

Please enter all 35 of their names into the record in support of the efficient, effective and safe surgical technologist apprenticeship model.

Doug Riggs

Alliance for Safe Surgery / NWPA

503-702-5120



OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon St., Suite 465
Portland, OR 97232
publichealth.rules@odhsoha.oregon.gov

December 21, 2022

VIA EMAIL ONLY

Dear Ms. Hall,

I write today on behalf of Concorde Career College with regard to Notice of Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, “Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital.” This rulemaking implements House Bill 4106 (2022), regarding surgical technology apprenticeships.

Concorde Career College is an important component of Oregon’s professional health care workforce pipeline. Our Portland campus offers seven different degree or diploma programs, including Polysomnographic (sleep) Technology, Practical Nursing, Respiratory Therapy, Surgical Technology, Dental Assistant, Medical Assistant, and Medical Office Administration. Our Portland campus is one of three accredited surgical technology associate degree programs (the minimum degree level required in order to be programmatically accredited by ARC-STSA), in Oregon, with the other two being at Linn Benton Community College and at Mt. Hood Community College.

Concorde remained neutral during the legislative discussions of HB 4106, premised on the understanding that the statutory language, as ultimately adopted by the legislature, requires education of apprentices that is equivalent to the education standards required of our students, and requires adequate direct supervision of apprentices when performing surgical technology during their training.

We appreciated participating in the Rulemaking Advisory Committee (RAC) on HB 4106 implementation earlier this year, and provided extensive comments during the RAC on both the educational and supervision requirements being considered at that time.

We were very pleased to see that the proposed amendments to OAR 333-076-0137 and OAR 333-520-0050 in this Notice of Proposed Rulemaking incorporate the feedback that we and others provided during the RAC, and write to express our strong support for the educational standards within the proposed rules as written.

We also thank OHA for ensuring that the rules appropriately require that the supervision of apprentices in the operating room be provided by a certified surgical technologist, but have one, minor, technical suggestion for a change to this provision.



Under the proposed new language in OAR 333-076-0137 (9)(b)(B)(ii) and OAR 333-520-0050 (9)(b)(B)(ii), respectively, a supervising surgical technologist would be required to be “physically present in the operating room or procedure room *at all times*,” (emphasis added) while an apprentice under their supervision is performing surgical technology. Surgical technologists must sometimes have the flexibility to leave the room to prepare for surgery and during surgery to grab equipment, instrumentation and supplies. We recommend modifying the rules to allow for that limited flexibility, without reducing the level of supervision provided to apprentices.

Looking to the current provisions in OAR 333-076-0137 (5) and OAR 333-520-0050 (5) that apply to circulating nurses for cases requiring anesthesia or conscious sedation as a model, an option could be to modify the language in OAR 333-076-0137 (9)(b)(B)(ii) and OAR 333-520-0050 (9)(b)(B)(ii), as follows (deletions in ~~strike through~~ and additions in **bold**):

(ii) Whether the program requires that the apprentice be supervised when performing surgical technology duties by a surgical technologist who:

(I) Is certified by one of the certifying organizations specified in paragraphs (7)(b)(A) through (C) of this rule;

~~(II) Is physically present in the operating room or procedure room at all times; and~~

(II) Is assigned to, and present in, the operating room or procedure room for the duration of the surgical procedure unless it becomes necessary for the supervising surgical technologist to leave the room as part of the surgical procedure;

(III) While acting in a supervisory role, is not assigned to any other patient or procedure; and

(IV) Personally directs delegated tasks and is available to personally respond to any emergency until the patient is removed from the operating room or procedure room.

Again, we thank OHA for including Concorde in these rulemaking discussions, and for the agency’s very hard work in developing a proposed rulemaking package that aligns with the statutory direction and legislative intent of HB 4106.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Maureen McGee".

Maureen McGee
Lobbyist, Concorde Career College
Maureen.mcgee@tonkon.com
971-610-1140



1601 NW Hawthorne Ave.
Grants Pass, Oregon 97526-1041
Ph: 541.472.4880 / Fax: 541.472.4899

EXHIBIT 5

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsoha.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

I am providing written support for the proposed rules OAR 333-076-0137 and OAR 333-620-0050, regarding education requirements for a surgical technologist in an ASC.

Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship-based model provides additional capacity for students to help resolve this shortage. ASCs have been dedicated to patient safety, and we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists.

I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient, and safe apprenticeship program for surgical technologists.

Sincerely,

Steven Loftesnes
CEO – Grants Pass Surgery Center
1601 NW Hawthorne Ave.
Grants Pass, OR, 97526
(541)472-4881
Steve.loftesnes@scasurgery.com



National Center for Competency Testing

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsosha.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

Thanks to the Oregon Health Authority for the opportunity to participate on the RAC and for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

In addition to our comment on the recent hearing, we are providing written support for the proposed surgical technologist apprenticeship initiative.

Oregon is one among many states that have faced a dramatic shortage of qualified surgical technologists, and this problem has only grown over the years (contributing factors include legislation impeding legitimate training and certification pathways). Apprenticeship based models can provide additional capacity for students to help resolve this shortage. ASCs have been dedicated to patient safety, and we believe the apprenticeship model will be an effective workforce partnership to train certified and competent surgical technologists.

Sincerely,

A handwritten signature in blue ink that reads "Dana Van Laeys". The signature is fluid and cursive.

Dana Van Laeys
Vice President, Government Affairs
National Center for Competency Testing (NCCT)

Cc: Stan Adams, President, NCCT
Richard Wetzler, General Counsel, NCCT



**WILLAMETTE
SURGERY CENTER**

Heartfelt, Professional Care

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

To Whom it May Concern;

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050,
"Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or
Hospital"

I am providing written support for the proposed rules OAR 333-076-0137 and OAR 333-620-0050, regarding education requirements for a surgical technologist in an ASC.

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I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

Sincerely,

Kim Bemrose, MSN, RN, CNOR
Nurse Administrator

Willamette Surgery Center
1445 State Street
Salem, Oregon 97301
Main Number: 503-365-3965
Fax: 503-588-3223

Administrative Offices
1445 State Street
Salem, Oregon 97301
Phone: 503-315-7338
Fax: 503-581-4405

Patient Billing Department
P.O. Box 13730
Salem, Oregon 97309
Phone: 503-566-3507
Fax: 503-581-4405



December 21, 2022
OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsoha.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

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I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

Sincerely,

Ryan Grimm RN, BSN, MBA
Director of Surgical Services

Where
relationships
matter.

DOWNTOWN

800 SW 13th Ave.
Portland, OR 97205
503.221.0161

BEAVERTON

15950 SW Millikan Way
Beaverton, OR 97003
503.646.0161

SOUTH

6640 SW Redwood Lane
Portland, OR 97224
503.620.7358

TIGARD

9250 SW Hall Blvd.
Tigard, OR 97223
503.293.0161

NORTHEAST

5005 NE Sandy Blvd.
Portland, OR 97213
503.233.6940

ALBERTY SURGICAL CENTER

9100 SW Oleson Road
Tigard, OR 97223
503.445.9066

APPOINTMENTS

503.223.3113

VANCOUVER DIRECT DIAL

360.693.3532

theportlandclinic.com



EXHIBIT 9

From: [JASON Ruby * OSBN](#)
To: [Mellony Bernal](#)
Subject: FW: NOTICE of PROPOSED RULEMAKING - Surgical Technologist Education Requirements - OAR 333-076-0137 and OAR 333-520-0050
Date: Tuesday, December 6, 2022 7:56:08 AM

Hi Melony: My staff have looked at these rules and there is no impact to nursing that would violate or affect any of the rules of the Nurse Practice Act. Thanks

From: Mellony Bernal <MELLONY.C.BERNAL@dhsosha.state.or.us>
Sent: Tuesday, November 22, 2022 12:10 PM
To: Mellony Bernal <MELLONY.C.BERNAL@dhsosha.state.or.us>
Subject: NOTICE of PROPOSED RULEMAKING - Surgical Technologist Education Requirements - OAR 333-076-0137 and OAR 333-520-0050

Image removed by sender. HCRQI Letterhead



November 22, 2022

TO: Interested Parties

FROM: Dana Selover, MD, MPH; Section Manager

SUBJECT: Notice of Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

In response to passage of HB 4106 ([2022 Oregon Laws, Chapter 65](#)), the Oregon Health Authority (Authority) is proposing to permanently amend OAR 333-076-0137 and OAR 333-520-0050 relating to the education requirements for a surgical technologist to practice surgical technology in an ambulatory surgery center (ASC) or hospital. These rules have been amended to add an apprenticeship pathway for persons to obtain education, training, and certification to practice surgical technology.

Please see the attached Notice of Proposed Rulemaking for further details.

You are being invited to review these proposed rules and to comment on them. **If you wish to present oral testimony, a public hearing will be held via video/teleconference on December 15, 2022, at 2:00 p.m. To provide oral testimony during this hearing, please contact publichealth.rules@odhsosha.oregon.gov to sign-up and receive the link for the Microsoft Teams video conference. Alternatively, you may dial 971-277-2343, Phone conference ID 946 745 451# for audio only.**

You may also file written comments before 5:00 p.m. on December 21, 2022, to the Public Health Division Rules Coordinator at the following address:

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Email comments to: publichealth.rules@odhsosha.oregon.gov or you may also send comments by fax to: (971) 673-1299.

Final rules will be filed after consideration of all comments.

For more details, please see the attached Notice of Proposed Rulemaking, including the Statement of Need and Fiscal and Racial Equity Impact, and the full text of these proposed rules. This information is also available at the following website: <https://www.healthoregon.org/hcrqirules>, under 'Proposed Rules Out for Public Comment.'

If you have any questions or would prefer a hardcopy, be sent, please contact Mellony Bernal at mellony.c.bernal@dhsosha.state.or.us.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact our office at 1-971-673-0540 or mailbox.hcl@odhsoha.oregon.gov.

From: [Scott Smallwood](#)
To: [Public Health Rules](#)
Subject: OAR-333-076-0137 & OAR 333-520-0050
Date: Tuesday, December 20, 2022 3:47:45 PM

You don't often get email from ssmallwood@bendsurgery.com. [Learn why this is important](#)

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Bend Surgery Center

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsoba.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

I am providing written support for the proposed rules OAR 333-076-0137 and OAR 333-620-0050, regarding education requirements for a surgical technologist in an ASC.

Oregon has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship based model provides additional capacity for students to help resolve this shortage. ASCs have been dedicated to patient safety, and we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists.

I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

Sincerely,

Scott Smallwood RN BSN CNOR
Clinical Director Bend Surgery Center

If this email has been transmitted to you in error, please notify and return the original message to the sender immediately at the above listed address. Thank you for your cooperation.



OREGON UROLOGY INSTITUTE

December 21, 2022

OHA, Public Health Division
Brittany Hall, Administrative Rules Coordinator
800 NE Oregon Street, Suite 930
Portland, Oregon 97232

Sent via email to: publichealth.rules@odhsoha.oregon.gov

Re: Public Comment for Proposed Rulemaking – OAR 333-076-0137 and OAR 333-520-0050, "Education Requirements for a Surgical Technologist in an Ambulatory Surgery Center or Hospital"

I am providing written support for the proposed rules OAR 333-076-0137 and OAR 333-620-0050, regarding education requirements for a surgical technologist in an ASC.

Oregon in general and Oregon Urology Institute specifically has faced a dramatic shortage of certified surgical technologists, and this problem has only grown over the years. I believe that an apprenticeship-based model provides additional capacity for students to help resolve this shortage. ASCs have been dedicated to patient safety, and we believe the apprenticeship model will be an effective workforce partnership to train qualified surgical technologists.

I thank the Oregon Health Authority for working with healthcare providers to develop an effective, efficient and safe apprenticeship program for surgical technologists.

Sincerely,



Terry FitzPatrick
Administrator