

**DEPARTMENT OF HEALTH PROFESSIONS  
BOARD OF HEALTH PROFESSIONS  
REGULATORY RESEARCH COMMITTEE  
AUGUST 11, 2009**

**TIME AND PLACE:** The meeting was called to order at 10:30 a.m. on Tuesday, August 11, 2009, Department of Health Professions, 9960 Mayland Drive, 2<sup>nd</sup> Floor, Room 4, Henrico, VA.

**PRESIDING OFFICER:** Damien Howell, P.T., Chair

**MEMBERS PRESENT:** David Boehm, L.C.S.W., Ex-officio  
Susan, Chadwick, Au.D.  
Jennifer Edwards, Pharm.D  
Vilma Seymour, Citizen Member

**MEMBERS NOT PRESENT:** Marty Martinez, Citizen Member

**STAFF PRESENT:** Elizabeth A. Carter, Ph.D., Executive Director for the Board  
Eric Gregory, Assistant Attorney General, Board Counsel  
Justin Crow, Research Assistant  
Carol Stamey, Operations Manager

**OTHERS PRESENT:** David Jennette, CSA  
Helen French, RN, BSN  
Rebecca Music, AD, CST  
Sandra Luthie  
Stephen Balog, RN  
Bonnie Vencill, RN, CNOR  
Becky Bowers Lanier  
Julie Vaughn  
James E. Jones, Jr.  
Juan M. Montero, II, MD  
Theresa Cooper, CFA, CSA, CST  
Mary Armstrong, CSA, CFA, CST  
Cathy Sparkman  
Matt McBee, MD  
Mary C. Flynn  
Suzanne Cunniff  
Thomas Hegens  
Michael A. Ouden  
Jake Jacobs  
Zina Sutton  
Kary Simons Reed  
Heather Wooldndge, VA Hospital Healthcare Assoc.  
Joseph Dalto

R. Clinton Crews, VASA  
Darryl Moss  
Fay Fellows  
Michele Hughes  
Lisa Kear  
Yolanda Y. Williams, JTCC  
Gary Bolden

**QUORUM:** With five members present, a quorum was established.

**AGENDA:** No additions or changes were made to the agenda.

**PUBLIC COMMENT:** Gary Bolden, Kinesiotherapist graduate of Norfolk State University, requested that the Committee consider the need to establish a licensure board for Kinesiotherapy. He said that establishing a board would allow him and many others to practice in their field as do other allied healthcare professionals.

Mr. Howell asked whether he had obtained a copy of the Board's Policies and Procedures for Evaluating the Need for Health Professions and Occupations and whether he considered that the Seven Criteria had been met. Mr. Bolden responded that he believed all the Criteria had been met.

Michele Hughes, RN, spoke in favor of certification of surgical assistants and surgical technologists; however, felt that licensure was not required.

Thomas Hegens, military trained surgical assistant, spoke in favor of licensure of surgical assistants and surgical technologists.

Lisa Kear, CST, stated that surgical assistants and surgical technologists were under the direction of registered nurses and were primarily educated by them. Further, she stated that surgical technologists could not assess patient care. Ms. Kear noted that certification may reduce costs but that they should not serve in the circulatory role.

Julie Vaughn, informed the Committee that there was a need for clarification of the roles of the surgical technologists. Further, she stated that she would research the information and submit via written comment.

**APPROVAL OF MINUTES:** Ms. Edwards moved to approve the minutes of the May 12, 2009 Regulatory Research Committee meeting. The motion was seconded and carried unanimously.

Dr. Chadwick moved to approve the minutes of the July 10, 2009 Public Hearing. The motion was seconded and carried unanimously.

**EMERGING  
PROFESSIONS UPDATE:**

Research Assistant Justin Crow provided an update on the Emerging Professions currently under review through slide presentation. The presentation is incorporated into the minutes as Attachment 1.

The Committee discussed each of the Emerging Professions and voted as follows.

**Polysomnographers** – On properly seconded motion by Mr. Boehm, the Committee directed staff to develop a plan for licensure including fiscal analysis and board organizational options. The motion carried unanimously.

**Surgical Assistants and Surgical Technologists** – The Committee deferred its decision until it could gather and review all written public comment. Specifically, the Committee is seeking clarification and any additional data on scope of practice, overlapping roles and level of autonomy. The Committee is to meet prior to the next full board to review the additional information and render its recommendations.

**Genetic Counselors** – Mr. Crow informed the Committee that a formal request to study the need for licensure had not been received; however, it was anticipated. It was the consensus of the Committee that staff could begin initial research and provide a progress report at the next meeting.

**Kinesiotherapists** – The Committee deemed that the information received by Mr. Bowen did not address the issues in the standard criteria for evaluating the need for regulation. On properly seconded motion by Ms. Edwards, staff was directed to write a letter to the petitioner, Mr. Bolden, advising him to submit a request on the need for licensure based upon the Criteria. The vote was unanimous.

**Medical Interpreters** – Mr. Crow informed the Committee that its report had been forwarded to the Department of Medical Assistance Services and the Department of Health staff. He reported that the Department of Medical Assistance Services had provided information concerning a contractual issue affecting the Northern Virginia Area Health Education Center efforts. Also, thus far, no response had been received from the Department of Health regarding its possible oversight of the profession. On properly seconded motion by Mr. Boehm, staff was directed to send a follow-up letter to the Department of Health requesting a response in time for the Board's next meeting in November.

**Board of Social Work's Review of HB1146**

Mr. Boehm provided an update on the Board's two year study

regarding licensure exemption of persons practicing as social workers in state settings.

Ms. Edwards moved that the Committee advise the full board of its support of the Board of Social Works' recommendations. The motion was seconded and carried unanimously.

**NEW BUSINESS:** No new business was presented.

**ADJOURNMENT:** The meeting adjourned at 12:15 p.m.

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Damien Howell, P.T.  
Chair

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Elizabeth A. Carter, Ph.D.  
Executive Director for the Board



# Emerging Professions Review

Polysomnographers  
Surgical Technologists  
Surgical Assistants

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## Polysomnographers

- Recommendation by the Advisory Board on Respiratory Care, accepted by the Board of Medicine June 25.
    - Robin Wilson moved that the Advisory Board recommend to the Board of Medicine that it seek to establish a license for the practice of polysomnograph based upon appropriate education and training. Further, her motion included that licensed respiratory care practitioners that practice polysomnography not be required to obtain a license to practice polysomnography. The motion was seconded and carried.
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## Polysomnography

- Advisory Board, w/ Respiratory Care or Independent?
  - 293 Registered Polysomnographic Technologists
  - 132 Individual, non-Federal sleep centers (48 accredited by JCAHO or AASM)
    - Listed in online Yellow Book and online Verizon Yellow Pages
  - Using **Rough** estimates of beds per center and **Rough** estimates of polysomnographer per bed, there **may** be ≈975 persons performing polysomnograms in Virginia
    - Many are likely respiratory therapists or nurses
    - 3,482 Respiratory Therapists with active licenses in Virginia



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## Surgical Technologist Surgical Assistant

Public Hearing Today

Written comment until August 15 (Fri)

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### Risk for Harm to the Consumer

- Surgical Technologist
  - Shared responsibility with surgical team
  - 290,000 Surgical Site Infections in 2002
  - Surgical Errors
    - Retained Foreign Objects (as many as 1 per 5,500 surgeries)
    - Improper positioning
    - Wrong site surgery
  - “Second Assisting”
    - Holding retractors, suctioning
    - Continuum with Surgical Assisting

Cause of Death	2002 Deaths
Heart Disease	696,947
Cancer	557,271
Stroke	162,672
Lower Respiratory	124,816
Accidents	106,742
<b>HAIs</b>	<b>98,987</b>
Diabetes	73,249
Influenza/pneumonia	65,681
Causes of Death in 2002.* HAI deaths are not tracked	



### Risk for Harm to the Consumer

- Surgical Assistant
  - Significant surgical tasks
    - Injections, including subcutaneous injections of local anesthetics
    - Closure and incisions at all levels of tissue
    - Exposure—placing sponges, suctioning, physical manipulation of tissue
    - Cauterize blood vessels by tying off, electro-cauterization or chemical cauterization
    - Auto-transfusion of blood
    - Harvesting veins



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## Specialized Skills and Training

- Surgical Technologist
    - On the Job, Certificate or Associate
    - Accredited programs require at least 500 hr externship or 80 cases
    - Military
    - NBSTSA certification → widely-recognized
  - Surgical Assistant
    - Military, Surgical Tech w/additional experience or training, International Medical Graduates
    - Education ranges from graduate level to online training with proctored cases (Wide range occurs within CAAHEP accredited programs)
    - At least four organizations offer certifications
      - Differing eligibility/educational requirements
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## Autonomous Practice

### Surgical Team

- Web of credentialing/delegation/supervisory authority
    - Nevertheless, authority may not always be clear
    - Circulator/surgeon may not be present at all times
  - Employment arrangements vary
    - Independent Contractor or Employee
    - Facility or Surgeon or Agency
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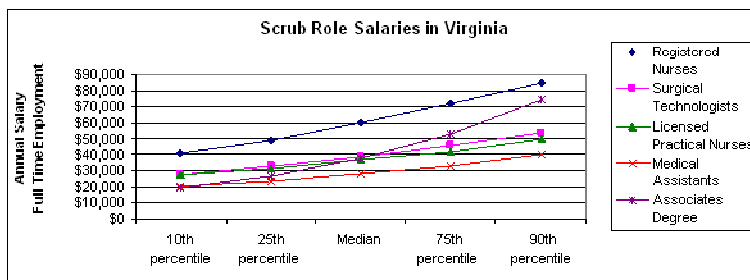
### Scope of Practice

- Scrub Role and Assistant at Surgery Role:
  - Licensed Practical Nurse, Registered Nurse and Advanced Practice Nurse
  - Physician Assistant
- “Specialist Assistants”
  - Orthopedic Technician/Orthopedic Physician Assistant
  - Cardiovascular Technologist
  - Podiatrist Assistant
  - Ophthalmic Assistant



### Economic Impact

- Surgical Technologist
  - 1940 Surgical Technologist Jobs in VA (BLS, May 2008)
  - Salary in line with “Associate degree or some college” wages
  - Entry Costs of Education/Certification may be somewhat restrictive
    - Employers often cover some costs
    - Good returns on educational investment
    - Lower-priced “bridge” programs (Sentara School of Health Professions)





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### Economic Impact

- Surgical Assistant
  - Compensation is unknown (\$35-45,000?)
  - Reimbursement
    - Not reimbursed by Medicare/many third party payers
    - Patients are often surprised by bills for services
  - Use of non-physician assistants-at-surgery increasing
    - Shortage/low reimbursement for surgeons & physicians
    - Limitations on Resident work hours
    - Lower Reimbursement for non-physician assistants-at-surgery



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### Alternatives to Regulation

- The web of supervision/delegation may offer opportunities for alternatives
    - Sufficient to adequately protect the public
  - Informed Consent-disclose who will scrub/assist
    - Flexibility is an issue
  - Make the privileging requirement explicit in facility licensing or delegation regulations
    - Currently in “interpretive guidelines” for hospitals
  - Facility licensing could require the use of certified assistants/technologists.
    - Pursued in some states for surgical technologists
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### Least Restrictive Regulation

- Hospital-related exceptions  
(These occur in several states)
- Exceptions for RN/LPN and  
Physician Assistants



## Review Requests

Genetic Counselors

Kinesiotherapists

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## Genetic Counselors

- Master level training in human genetics
- Some controversial issues
  - Genetic problems during pregnancy
  - Preventive surgery
  - “Mail-order” genetic testing
    - 2006 FTC Warning—dubious claims
- No formal request yet



## Kinesiotherapy

- Bachelor's level training
- Prescription exercise program to return injured or ill persons to full strength/vitality
- Originally developed for soldiers during WWII, Kinesiotherapy is usually found in VA facilities
- *Applied Kinesiology* is not Kinesiotherapy