

### Actions for Bill S.1069

Date	Branch	Action
1/24/2011	Senate	Referred to the committee on <a href="#">Public Health</a>
1/24/2011	House	House concurred
4/5/2011	Joint	Hearing scheduled for 04/12/2011 from 10:00 AM-01:00 PM in A-1
7/20/2011	Senate	Bill reported favorably by committee and referred to the committee on Healthcare Financing
8/8/2011	Senate	Committee recommended ought to pass and referred to the committee on Senate Ways and Means
11/10/2011	Senate	Committee recommended ought to pass with an amendment, substituting a new draft, see <a href="#">S2058</a>
11/10/2011	Senate	Referred to the committee on Ethics and Rules
11/15/2011	Senate	Bill reported that the matter be placed in the Orders of the Day for the next session
11/15/2011	Senate	Rules suspended
11/15/2011	Senate	Read second
11/15/2011	Senate	New draft substituted, see <a href="#">S2058</a>

### Actions for Bill S.2058

Date	Branch	Action
11/10/2011	Senate	Reported from the committee on Senate Ways and Means
11/10/2011	Senate	Recommended new draft for <a href="#">S1069</a>
11/15/2011	Senate	Substituted as a new draft for <a href="#">S1069</a>
11/15/2011	Senate	Ordered to a third reading
11/15/2011	Senate	Read third and passed to be engrossed
11/15/2011	House	Referred to the House committee on <a href="#">Ways and Means</a>
7/23/2012	House	Committee recommended ought to pass with an amendment, striking out all after the enacting clause and inserting in place thereof the text of an amendment, <a href="#">H4298</a>
7/23/2012	House	Referred to the House committee on Steering, Policy and Scheduling with the amendment pending
7/24/2012	House	Committee reported that the matter be placed in the Orders of the Day for the next sitting for a second reading with the amendment pending
10/11/2012	House	Read second, amended (as recommended by the committee on Ways and Means) and ordered to a third reading
10/25/2012	House	Read third, amended and passed to be engrossed
12/17/2012	Senate	Rules suspended
12/17/2012	Senate	Senate concurred in the House amendment
12/20/2012	House	Enacted
12/20/2012	Senate	Enacted and laid before the Governor
12/28/2012	Governor	Signed by the Governor, <a href="#">Chapter 371 of the Acts of 2012</a>

- **Acts**
- **2012**
- **CHAPTER 371** AN ACT REGULATING SURGICAL TECHNOLOGY.

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:*

SECTION 1. Chapter 111 of the General Laws is hereby amended by inserting after section 228 the following section:-

Section 229. (a) For purposes of this section, the following terms shall have the following meanings:

“Health care practitioner”, any person licensed or registered under section 2, 16, 74 or 74A of chapter 112, including any intern, resident, fellow or medical officer who conducts or assists with the performance of surgery.

“Operating room circulator”, a licensed registered nurse who is educated, trained and experienced in perioperative nursing, who is immediately available to physically intervene in providing care to the surgical patient.

“Surgical facility”, any entity that provides surgical health care services, whether inpatient or outpatient and whether overnight or ambulatory including, but not limited to, any hospital, clinic or private office of a health care practitioner, whether conducted for charity or for profit and whether or not subject to section 25C, as well as any organization, partnership, association, corporation, trust or the commonwealth, or any subdivision thereof.

“Surgical technologist”, any person who provides surgical technology services who is not a health care practitioner.

“Surgical technology”, surgical patient care including, but not limited to, 1 or more of the following:

- (i) collaboration with an operating room circulator prior to a surgical procedure to carry out the plan of care by preparing the operating room, gathering and preparing sterile supplies, instruments and equipment, preparing and maintaining the sterile field using sterile and aseptic technique and ensuring that surgical equipment is functioning properly and safely;
- (ii) intraoperative anticipation and response to the needs of a surgeon and other team members by monitoring the sterile field and providing the required instruments or supplies;
- (iii) performance of tasks at the sterile field, as directed in an operating room setting, including: (1) passing supplies, equipment or instruments; (2) sponging or suctioning an operative site; (3) preparing and cutting suture material; (4) transferring and irrigating with fluids; (5) transferring, but not administering, drugs within the sterile field; (6) handling specimens; (7) holding retractors; and (8) assisting in counting sponges, needles, supplies and instruments with an operating room circulator.

(b) A surgical facility shall not employ or otherwise retain the services of any person to perform surgical technology tasks or functions unless such person: (1) has successfully completed an accredited educational program for surgical technologists and holds and maintains a certified surgical technologist credential administered by a nationally recognized surgical technologist certifying body accredited by the National Commission for Certifying Agencies and recognized

by the American College of Surgeons and the Association of Surgical Technologists; (2) has successfully completed an accredited school of surgical technology but has not, as of the date of hire, obtained the certified surgical technologist certification required in clause (1); provided, however, that such certification shall be obtained within 12 months of the graduation date; (3) was employed as a surgical technologist in a surgical facility on or before July 1, 2013; (4) has successfully completed a training program for surgical technology in the Army, Navy, Air Force, Marine Corps or Coast Guard of the United States or in the United States Public Health Service which has been deemed appropriate by the commissioner; or (5) is performing surgical technology tasks or functions in the service of the federal government, but only to the extent the person is performing duties related to that service.

(c) A person employed or otherwise retained to practice surgical technology in a healthcare facility may assist in the performance of operating room circulator duties under the direct clinical supervision, limited to clinical guidance, of the operating room circulator if: (1) the operating room circulator is present in the operating room for the duration of the procedure; (2) any such assistance has been assigned to such person by the operating room circulator; and (3) such assistance is consistent with the education, training and experience of the person providing such assistance.

(d) Nothing in this section shall prohibit a registered nurse, licensed or registered health care provider or other health care practitioner from performing surgical technology tasks or functions if such person is acting within the scope of such person's license.

(e) Notwithstanding subsection (b), a surgical facility may employ a surgical technologist who does not meet the requirements of this section if the surgical facility receives a waiver from the department signifying that the surgical facility has: (1) made a diligent and thorough effort to employ qualified surgical technologists who meet the requirements of this section; and (2) is unable to employ enough qualified surgical technologists for its needs. The department, in consultation with an advisory committee of clinicians, shall establish criteria for said waiver.

SECTION 2. The commissioner of the department of public health shall adopt regulations necessary to carry out this act.

SECTION 3. Section 1 shall take effect on July 1, 2013.

*Approved, December 28, 2012.*

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