

SENATOR  
STEPHEN M. BREWER  
CHAIR

COMMITTEE ON WAYS & MEANS  
MASSACHUSETTS SENATE  
STATE HOUSE, BOSTON, MA 02133-1007

ROOM 212  
TEL. (617) 722-1540  
FAX (617) 722-1078

STEPHEN.BREWER@MASENATE.GOV  
WWW.MASENATE.GOV

WORCESTER, HAMPDEN,  
HAMPSHIRE AND FRANKLIN  
DISTRICT

June 20, 2011

Senator Susan Fargo, Chairwoman  
Joint Committee on Public Health  
State House, Room 504  
Boston, MA 02133

Representative Jeffrey Sanchez, Chairman  
Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo and Chairman Sanchez:

I am writing in support of **Senate Bill 1070**, "*An Act Relative to Oral Cancer Therapy*," which is scheduled for a public hearing before the Joint Committee on Public Health on June 21, 2011.

This legislation requires insurance companies that provide coverage for intravenous chemotherapy treatments to also provide coverage for orally administered anticancer medication. Currently, chemotherapy that is infused at a clinic is paid as a medical benefit while pills are covered under prescription drug plans, allowing insurance companies to transfer costs to the patient. This legislation would end that practice. As science and technology move forward, it is important for standards and regulation to keep pace. Many of the cancer therapy drugs that have recently been released and many in development are available only in pill form, but patients who cannot afford the out of pocket costs are often forced to seek alternatives that may not be the best course of action for their treatment because they cannot afford the high cost of paying for oral therapies. Patients undergoing life-saving cancer treatments should not be forced to choose between the financial strains that come with out of pocket expenses and potentially less effective

Testimony of Lesa Lessard, Executive Director, New England Coalition for Cancer Survivorship

Joint Committee on Public Health

Senate Bill 1070 & House Bill 1543

June 21, 2011

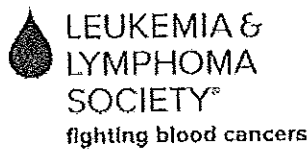
Thank you to the Co-chairs and the members of the Committee for this opportunity to testify. I am Lesa Lessard, Executive Director of the New England Coalition for Cancer Survivorship. I am here to testify on behalf of the Coalition in support of Senate Bill 1070, the oral drug parity bill, filed by Senator Brewer, legislation that would require equitable insurance coverage for oral cancer therapies, and House Bill 1543, filed by Representative Stephen Walsh, relative to colorectal cancer screenings.

The New England Coalition for Cancer Survivorship exists to support and advocate for the needs of cancer survivors. Thanks to improved treatments, and an increased emphasis on early detection, the community of cancer survivors is growing each year. According to statistics from the Centers for Disease Control and Prevention and the National Cancer Institute, nearly one in 20 adults in the US have survived cancer, including nearly one-fifth of all people over age 65. This is a 20% increase in the number of cancer survivors in just the past six years. Given the alternative, the growth in cancer survivorship is a trend we want to see continue. The legislation we are here to support today is one important avenue toward accomplishing that goal.

Many of the most advanced and effective cancer therapies today, therapies that are often created right here in Massachusetts, are taken orally rather than intravenously or by injection, but these medications are treated differently by many insurers simply because of how they are administered. We believe that patients undergoing cancer treatment and their oncologists should be able to choose the best and most effective therapy without concern for how it will impact a patient's insurance coverage and out-of-pocket expenses. Senate Bill 1070 will put the necessary protections in place, and I urge the committee to give this legislation a favorable report.

One of the reasons that cancer survivorship is on the rise is due to improved screening. Early detection saves lives and prevents enormous amounts of human suffering, for patients and for their loved ones. Early detection also saves health care dollars by avoiding the need for vastly more expensive treatments to address later-stage cancers that are often in the end fatal. When it comes to Colon Cancer, which kills 50,000 Americans each year, early detection can allow for surgical options for treatment, avoiding the need for chemotherapy while vastly increasing the odds of survival. House Bill 1543 is an insurance coverage mandate for colon cancer screening that would save money in our health care system, reduce expenses for insurers, and reduce health care premiums. But most importantly, this is a piece of legislation that will save lives.

Again, I want to thank the Committee for this opportunity to testify, and we urge you to report favorably on Senate Bill 1070 and House Bill 1543.



Good Morning Chairman Fargo, Chairman Sanchez and Members of the Committee:

My name is Justin Smith and I am the Vice President of the Massachusetts Chapter Board of Trustees for The Leukemia & Lymphoma Society. I serve as member of the National Committee for Public Policy based out of Washington DC and recently completed my term as Chair the Advocacy Task Force for the National Board of Representatives which coordinates the national grassroots effort to champion the cause of patient rights as well as lobby Congress for support of cancer research legislation. But most importantly, I am a 10 year survivor of Hodgkin Lymphoma.

The Leukemia & Lymphoma Society strongly supports legislation to require health insurance plans in Massachusetts to provide the same coverage for orally administered chemotherapy treatments, as is extended for intravenously dispensed, or injected, chemotherapy. It is part of LLS' mission to ensure that patients with blood cancers have access to the best possible therapies to fight their illness, regardless of a patient's age, ethnicity, income or insurance status.

As a result of ever evolving, cutting-edge research and a commitment to improving treatments and finding cures, researchers are continually identifying new and more effective therapies for cancers. One of the greatest breakthroughs in the blood cancer world has been the development of Gleevec, which is used to treat Chronic Myelogenous Leukemia (CML) and is an oral chemotherapy drug. With Gleevec, CML patients are able to undergo chemotherapy by taking a pill in the comfort of their home, giving them the freedom to carry on with their daily lives; this is true, not just for patients taking Gleevec, but other cancer patients receiving oral chemotherapy treatments. Gleevec is also now being used for other cancers and other diseases.

Oral chemotherapy is an exciting development for cancer patients and its benefits are significant. However, many insurance companies do not provide the same coverage for oral treatments as they do for more traditional IV chemotherapy, making it extremely cost prohibitive for countless patients. Specifically, since this chemotherapy treatment comes in the form of a pill or liquid, insurance companies classify the therapy as a prescription drug treatment. Consequently, the drug is not covered as a traditional "chemo" treatment and the patient is often forced to pay out-of-pocket – usually at a much higher price.

To level the playing field for all cancer patients, insurers should cover the cost of oral treatments as they would standard chemotherapy, ensuring that no matter how administered, cancer patients can relax knowing that they're being given access to the best possible care at a price they can afford. As someone who endured nearly a year of traditional chemotherapy and radiation I can only dream of a day when more or even all cancers can be treated orally.

As a leader in the arena of healthcare, Massachusetts should pass this legislation. The District of Columbia and 13 other states have passed similar legislation, including most recently Texas & Illinois. Bills are also currently in play in New York, Wisconsin & several other states.

We urge you to support this legislation which will provide fair and equal access to treatment to all cancer patients.

Thank you,

Justin Smith  
Vice President, Board of Trustees  
Massachusetts Chapter  
The Leukemia and Lymphoma Society  
9 Erie Drive  
Natick, MA 01760

For more information, please contact:  
Lynne Morin, Patient Services Manager  
Massachusetts Chapter  
(508) 810-1308  
or Zina Cary, National Director of State Affairs, [zina.cary@lls.org](mailto:zina.cary@lls.org)

June 21, 2011

Senator Susan Fargo, Chair  
Joint Committee on Public Health  
State House, Room 504  
Boston, MA 02133

Representative Jeffrey Sánchez, Chair  
Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo and Chairman Sánchez,

On behalf of the American Lung Association in Massachusetts and all those we serve, I write in support of SB1070 *An Act Relative to Oral Cancer Therapy* sponsored by Senator Stephen Brewer.

Improving lung cancer treatments, survival rates, and a patient's quality of life are all central to our mission. Thanks to continued advances in medicine, anti-cancer medications are now available in pill form to treat some cases. Regrettably, greater patient out-of-pocket costs for oral medication versus intravenous (IV) medication pose a significant barrier to their use.

Typically, IV anti-cancer medications are covered under an insurance plan's medical benefit, where most patients are only responsible for their copayment for each visit to their health care provider. Providers administer the treatment and the patient is not required to pay a separate fee for the IV drug. Orally administered anti-cancer medications are treated as a prescription and covered under a patient's pharmacy benefit because a patient can take their medication independently.

Currently, several of these oral drugs are placed on a 4<sup>th</sup> or "specialty" tier of a prescription plan's formulary. According to the Kaiser Family Foundation, the average coinsurance rate for 4<sup>th</sup> tier drugs is 28 percent. In other words, a \$3,000 per month oral anti-cancer prescription could mean the patient must pay over \$800 out-of-pocket each month. This is a much higher monthly out of pocket cost than for IV medications.

When considering this price disparity, it is important to consider that certain newer chemotherapies are available only in oral formulation. Thus, patients who rely on these drugs are forced to pay more for the treatment recommended by their doctor or possibly take a less effective therapy than initially prescribed due to money restrictions.

The American Lung Association in Massachusetts and members of our Medical and Scientific Branch (formerly the Massachusetts Thoracic Society) strongly support physician and patient choice in determining the best course of treatment. We believe that drug formularies must be flexible enough to allow patients to receive the best evidence-based treatment that their physician determines will meet their needs. We understand and support efforts to contain health care costs, but believe that being overly restrictive with the tools available to manage a disease may actually result in more cost for that patient and the insurer in the future. To that end, we strongly support SB1070. This bill



June 21, 2011

The Honorable Susan C. Fargo  
Chairwoman, Joint Committee on Public Health  
State House Room 504  
Boston, MA 02133

The Honorable Jeffrey Sánchez  
Chairman, Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo, Chairman Sánchez and Honorable Members of the Committee,

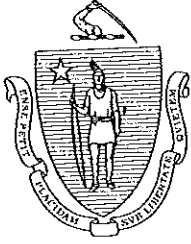
On behalf of the American Cancer Society and those we serve, I write in support of SB 1070, *An Act relative to oral cancer therapy*.

Thanks to progress in cancer treatments, there are many types of chemotherapy that can be taken as a liquid, tablet, or capsule. Oral chemotherapy is any drug taken by mouth to treat cancer. It does not need to be injected into the body, and chemotherapy taken by mouth is as strong as the other forms and works just as well.

Some chemotherapy drugs are never taken by mouth because the stomach can not absorb them. Others may cause harm when swallowed. In fact, most chemotherapy drugs are injected through an intravenous (IV) line into a patient's vein. However, orally administered chemotherapy can have a significant, positive impact on a cancer patients' quality of life since it can often be taken at home ensuring that a patient does not need to go into a hospital or clinic for every treatment and has proven to have fewer severe side effects.

It is important for Massachusetts to allow for the appropriate and affordable treatment of cancer regardless of the delivery method. As it is presently treated under Medicare, we are asking that oral chemotherapy drugs remain as a medical benefit in private health insurance plans and not be allowed to be shifted to a prescription drug benefit where patients have higher co-pays and no annual out-of-pocket limits potentially rendering them "under-insured." In a state that prides itself on the lowest uninsured rate in the nation, it is imperative that we do not just provide access to health insurance but we provide access to the appropriate health care that a patient needs at an affordable cost.

The American Cancer Society has found several reasons cited by cancer patients for not completing treatment. Some of the most frequent are the distance, cost and availability of treatment. In an effort to help deal with these issues, the Society created the "Road to Recovery"



*The Commonwealth of Massachusetts*  
HOUSE OF REPRESENTATIVES  
STATE HOUSE, BOSTON 02133-1054

**MICHAEL F. KANE**  
STATE REPRESENTATIVE  
5TH HAMPDEN DISTRICT  
HOLYOKE

DISTRICT OFFICE  
250 WESTFIELD ROAD  
HOLYOKE, MA 01040

TEL (413) 540-9842  
FAX (413) 540-9843

Chairman  
Municipalities & Regional Government

STATE HOUSE, ROOM 540  
BOSTON, MA 02133-1054

TEL (617) 722-2090  
FAX (617) 722-2848  
Michael.Kane@mahouse.gov

June 20, 2011

State Representative Jeffrey Sanchez  
Chair-Committee on Public Health  
State House Room, 130  
Boston, MA 02133

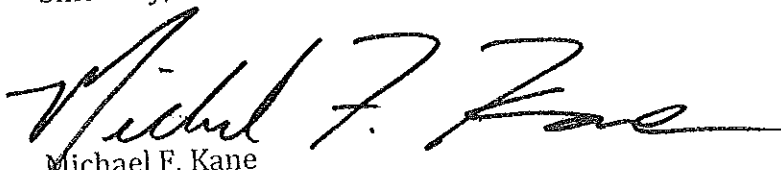
Re: *Senate Bill 1070, An Act relative to Oral Cancer Therapy*

Dear Chairman Sanchez,

I am writing today in request that *Senate Bill 1070, An Act relative to Oral Cancer Therapy*, be reported favorably out of committee. This bill would require insurance companies that provide coverage for intravenous chemotherapy to provide equal coverage for orally administered anti-cancer medications.

Thank you for your consideration of this request. Please do not hesitate to contact me should you have any further questions.

Sincerely,

  
Michael F. Kane  
State Representative  
5<sup>th</sup> Hampden District



S. 797

Alan Jay Albert, M.D. *F.A.C.O.G.*

obstetrics • gynecology • infertility

State House  
Room 130  
Boston, MA 02133

July 9, 2009

Dear Representative Sanchez,

I am writing in support of Senate Bill # SB797-An Act Relative to Surgical Technology, sponsored by Senator Stephen Brewer.

As an Obstetrician-Gynecologist in Worcester for 27 years, I have worked closely with many surgical technologists and have a deep appreciation of their role in the operating room. Their knowledge of the human anatomy, coupled with their ability to provide a sterile field, sterilized equipment offered in a sequential manner and a quick response with little more than a single word or an open hand makes them invaluable components of the surgical team.

I urge you to support Bill #SB797. The current lack of credentialing requirements is both alarming and potentially dangerous. As the field of medicine changes and surgical procedures become more reliant on highly specialized equipment, a well trained and certified surgical technologist is a necessity in today's operating room. Your support of this bill will add an extra measure of safety for every patient undergoing surgery.

Please contact me should you require any further information on this matter.

Yours truly,

Alan J. Albert, MD

# 1199SEIU

United Healthcare Workers East  
Massachusetts Division

S.797

150 Mt. Vernon Street, 3rd Floor • Dorchester, Massachusetts 02125-2523  
Phone: 617-284-1199 • Fax: 617-474-7150  
Toll Free: 877-409-1199  
www.1199SEIU.org

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July 14, 2009

Joint Committee on Public Health  
Senator Susan Fargo, Chair  
Representative Jeffrey Sanchez, Chair  
Massachusetts State House – Room 130  
Boston, MA 02133

**Re: An Act Relative to Surgical Technology**

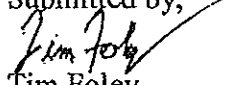
Dear Chairpersons Fargo and Sanchez:

On behalf of the more than 300,000 health care workers of 1199SEIU, we offer this testimony in support of *An Act Relative to Surgical Technology (S.797)*.

Advocates for surgical technologists and perioperative registered nurses have worked with Senator Brewer to re-file this thoughtful legislation which would require hospitals to hire Certified Surgical Technologists. The basic intent of the legislation is to ensure quality patient care and safety, gain professional respect for surgical technologists, and to set higher standards for the profession.

First, this legislation defines “surgical technology” as both preparing the operating room and performing surgery-related tasks in an operating room. Then, the legislation would require anyone performing “surgical technology” to complete an accredited educational program for surgical technologists in order to earn the Certified Surgical Technologist Credential administered by the National Board for Surgical Technology and Surgical Assisting. Importantly, the bill does include a “grandfather clause” which allows current surgi-techs to continue working after five-years or more of service as a surgical technologist. The legislation also provides for needed exceptions for RNs and others who have superseding licenses or have completed an appropriate alternative training program.

We believe it is essential to fully address the concerns expressed by the Massachusetts Nurses Association and others about protecting the collective bargaining rights of nurses and the health care workforce. We look forward to working with the MNA, this Committee and other stakeholders to address these important issues through amendments as the bill progresses. Still, 1199SEIU supports passage of this legislation for the reasons detailed above. We respectfully ask this Committee to report *An Act Relative to Surgical Technology (S.797)* favorably.

Submitted by,  
  
Tim Foley  
Political Director - Massachusetts Division





S. 797

GERALD T. MCGILLICUDDY, M.D.  
ARNO S. SUNGARIAN, M.D.

NEUROSURGERY  
(508) 752-4190 (508) 752-4336

10 WINTHROP STREET  
WORCESTER, MA 01604-4467

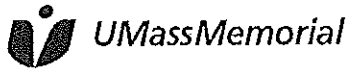
June 30, 2009

STATE REPRESENTATIVE  
JEFFREY SANCHEZ  
State House  
Room 130  
Boston, MA 02133

Dear Representative Sanchez:

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical Technologists in the operating rooms be appropriately credentialed and certified. As a neurosurgery surgeon and a member of the medical staff at UMass Memorial Healthcare and St. Vincent Hospital, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologist remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.



University of Massachusetts  
Medical School

Department of Surgery  
Section of Colon and Rectal Surgery

67 Belmont Street  
Worcester, MA 01605  
Tel: 508-334-8195  
Fax: 508-334-8130  
justin.maykel@umassmemorial.org  
www.umassmemorial.org

Justin A. Maykel, MD  
Chief, Section of Colon and Rectal Surgery

July 6, 2009

State Representative Jeffrey Sanchez  
State House Room 130  
Boston, MA 02133

Dear Representative Sanchez:

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As a colon and rectal surgeon and member of the medical staff at UMASS Memorial Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of the surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical care team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Justin A. Maykel MD  
Chief, Division of Colon and Rectal Surgery  
UMASS Memorial Medical Center

S. 797

July 7, 2009  
Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, Ma. 02133

Dear Representative Sanchez,

I have been working as a surgical technologist since 1976 and I urge you to support SB 797. Throughout the years, I have witnessed persons who are not properly trained as a surgical technologist set up sterile tables while still wearing rings and bracelets. This is considered a break in sterile technique and could pose a threat to the patient by introducing microorganisms and causing an infection. When people are not properly educated they do not realize the potential harm that they could cause to the patient. Additionally, they do not realize the ethical responsibility of reporting breaks in sterile technique while scrubbed on procedures. Hospital acquired infections are on the rise and now insurance companies do not want to reimburse hospitals for everyday expenditure related to these infections. Therefore, SB 797 not only protects the patient from infection, this bill could financially help hospitals by reducing the possibility of hospital acquired infections.

Along with pathophysiology one must consider the vast knowledge of anatomy and the steps to the surgical procedures that students learn in lecture and through formal clinical training. Often surgical technologists hold instruments and retract organs so the surgeon can continue with the procedure. When someone isn't aware of the anatomy they could put too much pressure on an organ or nerve causing irreversible damage. Again, bringing forth the patient safety issue when a surgical technologist isn't properly educated academically and clinically.

I am 52 years old and a nursing student, often my patients ask me if I am changing professions. When I say yes, I am a surgical tech, I'm the one that hands the instruments to the surgeon during surgical procedures they say, "I thought nurses did that job?" Obviously I don't go into detail of my job but if they knew that we could be trained on the job to stand over their open incision, maintaining the sterile field I think they would be appalled. Considering SB 797 has no financial impact for the citizens of our state and that it will help ensure patient safety to me, this is a win/win bill for every patient that has to have surgery in our great commonwealth.

Please support SB 797 and help protect the surgical patients in our state just think...it could be you or a family member that has an uneducated person maintaining your sterile field, holding your liver or wearing jewelry under the sterile gloves!



Lucy Pendell CST  
64 Melrose Street  
Boylston, Ma. 01505

S. 797

Sean Curran]  
[Chicopee City Hall  
Market Square  
Chicopee, Massachusetts 01013]

Dear Representative Curran,

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous others. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. I am the Vice President of Surgery, Anesthesia and Emergency Medicine at Baystate Health Springfield Massachusetts . In this capacity, I am responsible for the staffing, supervision and support of surgical technologists and other hospital personnel in my facility's operating rooms. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

**Deborah A. Provost RN, MBA**

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The Women's Center  
Gynecologic Oncology

5.747  
Memorial Campus  
119 Belmont Street  
Worcester, MA 01605  
Tel: 508-334-1160  
Fax: 508-334-1174  
www.umassmemorial.org

June 26, 2009

Jeffrey Sanchez  
State House/Room 130  
Boston, MA 02133

Dear Sir:

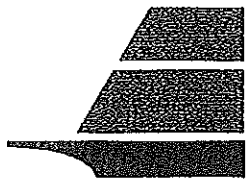
I am writing as your constituent towards your sponsorship in support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified.

As a gynecologic oncologist and a member of the Medical Staff at UMass Memorial Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team and are responsible for ensuring that supplies, equipment and instruments needed for surgical procedures are available and in operational order and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and surgical procedure. Their ability to anticipate the sequential order of procedures and the needs of the surgeons contributes to safe and successful outcomes as well as the quality of care the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience. However, surgical technologists remain the only members of the surgical team who are not required to meet thresholds of educational and certification criteria in order to practice in their area of expertise.

Passage of a Surgical Technologists Credentialing Bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

S. 797



**New Bedford Medical Associates, P.C.**

CORPORATE OFFICES  
200 Mill Road, Suite 300  
Fairhaven, MA 02719  
Tel (508) 984-1000

July 13, 2009

Mark Montigny  
888 Purchase Street  
Room 304  
New Bedford, MA 02740

Dear Mark,

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms by appropriately credentialed and certified. As a Gastroenterologist and member of the medical staff at The Tobey Campus of Southcoast Hospital Group, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for the surgical procedures are available and in operational order, and that the surgical field is and remain sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of the surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience, however, surgical technologists remain the only members of the surgical team who are not required to meet the threshold educational and certification criteria in order to practice in their area of expertise. Passage of surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery and appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Kevin R. Murphy, M.D.  
Internal Medicine/Gastroenterology  
53 Marion Road  
Wareham, MA 02571

Home address 7 William St  
Fairhaven, MA 02749

**EXECUTIVE OFFICERS**

- Curtis J. Mello, M.D., M.P.H., F.C.C.  
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- Alan J. Weinschel, M.D., F.A.C.C.

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- Eleni Rethimiotakis, M.D.
- Anne Marie Treadup, M.D.

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- Kevin R. Murphy, M.D.

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- Harry W. Matelski, M.D.

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- Richard S. Jaslow, M.D.

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- Emmet J. Eby, M.D., F.C.C.P.
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Cardiology (1942-1997)

S. 797

Senator Fargo  
State House  
Room 504  
Boston Ma.  
02133

Dear Senator Fargo

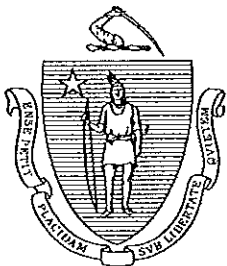
I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As a vascular surgeon and member of the medical staff at Baystate Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Marc Norris, M.D., FACS  
Vascular Surgeon  
Baystate Vascular Services  
3500 Main Street 2nd Floor  
Springfield, Mass 01107



*The Commonwealth of Massachusetts*

S. 797

HOUSE OF REPRESENTATIVES  
STATE HOUSE, BOSTON 02133-1054

**PATRICIA A. HADDAD**  
REPRESENTATIVE  
5TH BRISTOL DISTRICT

TOWN OFFICE BUILDING  
140 WOOD STREET  
SOMERSET, MA 02726  
TEL (508) 646-2821

Second Assistant Majority Leader

ROOM 481, STATE HOUSE  
TEL (617) 722-2180  
FAX (617) 722-2881

Committees:  
Rules & Ethics

July 14, 2009

The Honorable Jeffery Sánchez, House Chair  
The Honorable Susan C. Fargo, Senate Chair  
The Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairman Sánchez and Chairwoman Fargo,

I am writing to urge your support of **Senate Bill 797**, *An Act relative to Surgical Technology*, of which I am a co-sponsor.

This bill would seek to provide oversight over this particularly specialized area of medical practice. Surgical technologists are those individuals who are not licensed health care practitioners, as defined by Chapter 112 of the general laws, whom prepare for and assist surgeons during surgical procedures. This bill establishes safety standards for this specialized profession, by creating requirements that these professionals meet strict educational or professional training standards relating to surgical technology, and by requiring health care facilities to monitor the competence of the surgical technologists' performance. Ultimately, this bill is about the safety of patients. It seeks to provide assurance that surgical patients are being treated by competent, well-trained professionals.

I support **Senate Bill 797** and respectfully request that the committee report it favorably. Thank you for your consideration.

Sincerely yours,

**PATRICIA A. HADDAD**  
Second Assistant Majority Leader







COMMONWEALTH OF MASSACHUSETTS  
MASSACHUSETTS SENATE

STATE HOUSE, BOSTON 02133-1053

S. 797

**SENATOR BENJAMIN B. DOWNING**  
BERKSHIRE, HAMPSHIRE & FRANKLIN DISTRICT

STATE HOUSE, ROOM 413-F  
TEL: (617) 722-1625  
FAX: (617) 722-1623

20 BANK ROW, SUITE 202  
PITTSFIELD, MA 01201  
TEL: (413) 442-4008  
FAX: (413) 442-4077

COMMITTEES:  
REVENUE (CHAIR)  
HIGHER EDUCATION (VICE CHAIR)  
WAYS & MEANS  
ECONOMIC DEVELOPMENT AND  
EMERGING TECHNOLOGIES  
CONSUMER PROTECTION AND  
PROFESSIONAL LICENSURE  
VETERANS & FEDERAL AFFAIRS

July 14, 2009

The Honorable Susan C. Fargo  
The Honorable Jeffrey Sánchez  
Joint Committee on Public Health  
State House, Room 504 and Room 130  
Boston, MA 02133

*Re: S. 797 – An Act Relative to Surgical Technology*

Dear Chairwoman Fargo and Chairman <sup>Jeff</sup>~~Sánchez~~:

I am writing today in support of a S. 797 – *An Act Relative to Surgical Technology*, which is before your Committee. As a cosponsor of this legislation, I urge the Committee to grant it a favorable report.

The proposed legislation would require any person performing surgical technology tasks to complete an accredited surgical technology education program. Surgical technologists are an integral part of operating room procedures. Their tasks are daunting and potentially dangerous, and yet they remain the only members of the operating team whose profession is not regulated.

S. 797 seeks to enact responsible policies to ensure the proper training of surgical technologists by accredited institutions, enhance the safety of patients in the operating room and lower healthcare costs by lowering the risk of surgical errors. The legislation protects current surgical technologists by grandfathering in individuals who have been working that capacity before January 1, 2010.

Thank you in advance for your consideration of S. 797. I hope that the bill is reported out favorably.

Sincerely,

**BENJAMIN B. DOWNING**  
*Senate Chair, Joint Committee on Revenue*  
*State Senator, Berkshire, Hampshire & Franklin District*

BBD/cg



The Women's Center  
Gynecologic Oncology

5,797  
Memorial Campus  
119 Belmont Street  
Worcester, MA 01605  
Tel: 508-334-1160  
Fax: 508-334-1174  
[www.umassmemorial.org](http://www.umassmemorial.org)

June 26, 2009

Harriett L. Chandler  
State Senator  
State House/Room 312-D  
Boston, MA 02133

Dear Senator Chandler:

I am writing as your constituent towards your sponsorship in support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified.

As a gynecologic oncologist and a member of the Medical Staff at UMass Memorial Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team and are responsible for ensuring that supplies, equipment and instruments needed for surgical procedures are available and in operational order and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and surgical procedure. Their ability to anticipate the sequential order of procedures and the needs of the surgeons contributes to safe and successful outcomes as well as the quality of care the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience. However, surgical technologists remain the only members of the surgical team who are not required to meet thresholds of educational and certification criteria in order to practice in their area of expertise.

Passage of a Surgical Technologists Credentialing Bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.



Medical Center

University Campus  
55 Lake Avenue North  
Worcester, MA 01655  
Tel: 508-334-0290  
Fax: 508-856-1825  
E-mail: [Ettinger.W@ummc.org](mailto:Ettinger.W@ummc.org)  
[www.umassmemorial.org](http://www.umassmemorial.org)

Walter H. Ettinger, MD  
President

STATE SENATOR  
Harriett L. Chandler  
State House  
Room 312-D  
Boston, MA 02133  
Telephone: (617) 722-1544  
Fax: (617) 722-1357

*Harriet*  
Dear Senator Chandler:

I am writing as your citizen of Massachusetts to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous others. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. I am the President at UMass Memorial Medical Center. In this capacity, I am responsible for the staffing, supervision and support of surgical technologists and other hospital personnel in my facility's operating rooms. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

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Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Walter H. Ettinger  
President, UMass Memorial Medical Center



Medical Center

University Campus  
55 Lake Avenue North  
Worcester, MA 01655  
Tel: 508-334-0290  
Fax: 508-856-1825  
E-mail: [EttingerV@ummc.org](mailto:EttingerV@ummc.org)  
[www.umassmemorial.org](http://www.umassmemorial.org)

STATE REPRESENTATIVE

Jeffery Sanchez  
State House  
Room 130  
State House  
Boston, MA 02133  
Telephone: 617-722-2130

Walter H. Ettinger, MD  
President

Dear Mr. Sanchez:

I am writing as your citizen of Massachusetts to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous others. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentiald and certified. I am the President at UMass Memorial Medical Center. In this capacity, I am responsible for the staffing, supervision and support of surgical technologists and other hospital personnel in my facility's operating rooms. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

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Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Walter H. Ettinger

President, UMass Memorial Medical Center

The Clinical Professor of the  
University of Massachusetts Medical School

## Memo

**TO:** Joint Committee on Public Health  
**FROM:** Andi Mullin, Massachusetts Nurses Association, Legislative Director  
**DATE:** July 14, 2009  
**RE:** SB 797, An Act Relative to Surgical Technology

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On behalf of the 23,000 members of the Massachusetts Nurses Association, I write in opposition to *SB 797, An Act Relative to Surgical Technology (Brewer)*.

This bill would provide for licensing of surgical technologists. While the MNA does not oppose further credentialing requirements for any particular group of health care workers, we do oppose licensure. Presently, surgical technologists - and indeed all of the members of the health care team in the operating room except physicians - work under the clinical guidance of the Registered Nurse Circulator. The RN Circulator is responsible under her license for what happens in the OR during surgery, and that responsibility gives her the authority to provide clinical direction to surgical technicians and other workers. **Licensing surgical technologists will erode that authority, compromising the ability of the RN Circulator to insure a safe environment for the patient during surgery.**

With extensive amendments that clarify the role of the RN Circulator, the MNA could support this legislation. Our suggested amendments are attached. We would note that the Association of periOperative Registered Nurses (AORN) also opposes this legislation, and are offering similar - though not identical - amendments. We support the intent of AORN position, but as written cannot support the AORN amendments. Labor council has informed the Association that the AORN amendments, as written, would place the collective bargaining rights of OR nurses at risk. The amended language we've attached would both protect the role of the RN Circulator and protect RN collective-bargaining rights. **Should the Committee decide to move forward with this legislation, we would respectfully request that the MNA be permitted to participate in developing appropriate language.**

As written, we urge the committee to reject SB 797. Should you have any questions, please do not hesitate to contact me at 781/830-5716. Thank you for your attention to this important issue.

S, 797

Senator Susan Fargo  
State House  
Room 504  
Boston, MA 02133  
office address]

Dear Senator Fargo,

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous others. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. I formally was the Director of Perioperative Services at UMMHC in Worcester MA. In this capacity, I was responsible for the staffing, supervision and support of surgical technologists and other hospital personnel in my facility's operating rooms. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Janice Cooper Beschle MBA, MS-RNCS  
78-4 S Quinsigamond Ave  
Shrewsbury MA 01545

S. 797

Laura C Sousa, CST  
5 Warwick Street  
New Bedford, MA 02740

July 16, 2009

The Honorable Jeffrey Sanchez  
Chairman, Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairman Sanchez:

On, Tuesday, July 14, 2009, I was at the State House to give testimony before the Joint Committee on Public Health regarding Bill **S.797**, *An Act Relative to Surgical Technology*. I wanted to express my appreciation to you for allowing me the opportunity to address the committee about this very important bill.

I again urge you to support this very important bill, which better ensures patient safety, and ask that you bring it to a vote in this legislative session. Any consideration you may give in this matter will be greatly appreciated.

Sincerely,



Laura C Sousa, CST



HB2085  
HB2142  
SB797  
*testimony*

**HB2085, HB2142, SB797**

**Joint Committee on Public Health**

**July 14, 2009**

The Massachusetts Hospital Association (MHA), on behalf of its member hospitals and health systems, appreciates this opportunity to offer comments on **HB2085, HB2142, and SB797.**

**HB2142** would create a board of registration of clinical laboratory science practitioners within the Division of Professional Licensure. While MHA appreciates the intent of this bill, we must oppose **HB2142.** The performance of clinical laboratory tests and the interpretation of results are both highly regulated by state and federal government agencies. The Massachusetts Department of Public Health, the Board of Registration in Medicine, the federal Clinical Laboratory Improvement Act, and the College of American Pathology all set forth strict regulations and guidelines to assure the highest levels of laboratory performance, quality and safety. The need for further regulation appears unclear and would only serve to create additional administrative and economic burdens on an already overstressed system. Additionally, MHA fears that the licensing set forth by this bill will exacerbate an existing shortage of workforce personnel. It is already incumbent on health care facilities to hire appropriately trained and experienced laboratory technicians. As such, recruitment for many technical positions has become extremely difficult. MHA believes the imposition of additional hurdles has the potential to chill the applicant pool and could drive away scarce candidates to border states that do not have similar requirements.

**SB797** sets forth restrictive licensure and certification standards for services provided by peri-operative surgical patient care staff. While MHA supports efforts to ensure competency and patient safety by all members of the health care team, we are concerned that the restrictive nature of this bill would create significant recruitment problems by curbing the hiring of qualified and competent staff that meet nationally recognized standards of care not included in the parameters of the legislation. For example, the bill refers to 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 as the sole accreditation/certification body. It is unclear why this organization should be the sole entity providing accreditation and certification review to the exclusion of other nationally recognized groups that provide similar or more extensive reviews. Additionally, while the bill places the burden on hospitals to verify the certification standards for these employees, the Department of Public Health is directed to enforce the provisions of these regulations and directed to adopt the rules and regulations to carry out this legislation. As the department is currently undermanned and understaffed due to further budget cuts, MHA believes that it is inappropriate at this time to saddle them with further certification and licensure requirements. And as the need for this type



Se 797

**UMassMemorial***Medical Group  
Surgical Oncology  
Comprehensive Breast Center**33 Kendall Street  
Worcester, MA 01605  
Tel: 508-334-6216  
Fax: 508-334-5636  
www.umassmemorial.org**Robert M. Quinlan, MD*

June 2, 2009

Susan Fargo  
State Senator  
State House, Room 504  
Boston, MA 02133

Dear Senator Fargo,

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As a Cancer surgeon and member of medical staff at UMass Memorial Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of the surgeons contributes to successful outcomes and the quality of care that the patient receives.

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S. 797**UMassMemorial***Medical Group  
Surgical Oncology  
Comprehensive Breast Center**33 Kendall Street  
Worcester, MA 01605  
Tel: 508-334-6216  
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www.umassmemorial.org**Robert M. Quinlan, MD*

June 2, 2009

Harriett L. Chandler  
State Senator  
State House, Room 312-D  
Boston, MA 02133

Dear Senator Chandler,

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As a Cancer surgeon and member of medical staff at UMass Memorial Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of the surgeons contributes to successful outcomes and the quality of care that the patient receives.

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5,797

One Biotech Park  
365 Plantation Street  
Worcester, MA 01605-2376  
Tel: 508-334-7746  
508-334-6925  
Fax: 508-334-0333  
E-mail: [tosis@ummhc.org](mailto:tosis@ummhc.org)  
[www.umassmemorial.org](http://www.umassmemorial.org)

July 2, 2009

Stephen E. Tosi, MD, FACS  
Senior Vice President/Chief Medical Officer

Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, Massachusetts 02133

Dear Representative Sanchez:

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As Chief Medical Officer and a Urological surgeon at UMass Memorial Health Care, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

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Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Sincerely,

A handwritten signature in black ink that reads 'Stephen E. Tosi MD'.

Stephen E. Tosi, M.D.  
Chief Medical Officer  
SET/dvh

The Clinical Partner of the  
University of Massachusetts Medical School



**Berkshire  
Medical Center, Inc.**  
BERKSHIRE HEALTH SYSTEMS, INC.

S. 797  
725 North Street  
Pittsfield, MA 01201  
Tel: (413) 447-2745  
Fax: (413) 396-6703  
tcounihan@bhs1.org  
www.berkshirehealthsystems.org

**Timothy C. Counihan, M.D., F.A.C.S., F.A.S.C.R.S.**

Chairman and Program Director  
Department of Surgery  
Berkshire Medical Center  
Associate Professor of Surgery  
University of Massachusetts Medical School

July 13, 2009

Senator Benjamin B. Downing  
20 Bank Row  
Pittsfield, MA 01201

Dear Senator Downing:

I am writing as your constituent to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous other legislators. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. As a general and colon and rectal surgeon and member of the medical staff at Berkshire Medical Center, I have had the opportunity to work closely with surgical technologists throughout my medical career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

As Chairman of Surgery at Berkshire Medical Center, I have specifically sought input regarding this issue from the members of the Department of Surgery and during a recent Departmental Meeting a motion to support the Surgical Technologist Credentialing Act was unanimously approved.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

Timothy Counihan, M.D., FACS, FASCRS  
Chairman and Program Director, Department of Surgery  
Berkshire Medical Center



Association of periOperative Registered Nurses

2170 South Parker Road, Suite 300 Denver, CO 80231-5711 (303) 755-6300 or (303) 755-6304 <http://www.aorn.org/>

S. 797

July 14, 2009

State House  
Boston, MA 02133

Dear Joint Committee on Public Health:

Senator Stephen Brewer introduced SB 797, which is an act relating to the qualifications of surgical technologists. The Association for Perioperative Registered Nurses (AORN) is the national association committed to improving patient safety in the surgical setting. AORN promotes safe patient care and is recognized as an authority for safe operating room practices and a definitive source for information and guiding principles that support day-to-day perioperative nursing practice. AORN opposes SB 797 for the following reasons:

1. The bill should reflect collaboration between the RN circulator supervising the surgical technologist to ensure surgical equipment is functioning properly and safely as currently required in Medicare hospital conditions for coverage.
2. The bill should reflect that the surgical technologist functions under the direct supervision of the RN circulator.
3. An additional section should be added to the bill that defines an "operating room circulator" as a licensed registered nurse who is educated, trained, and experienced in perioperative nursing.

Surgical technologists provide support for the delivery of safe patient care and are valued members of the perioperative care team. AORN recognizes that the key to understanding the roles and responsibilities of the perioperative registered nurse and surgical technologists is the clarification of professional nursing care delivery and the activities that can be supervised within the domain of nursing.

AORN policy that guides these comments is available at [http://www.aorn.org/docs\\_assets/55B250E0-9779-5C0D-1DDC8177C9B4C8EB/1CB6F1CE-1F29-E23E-B89E0FAA98B9CDCF/AORN%20Principles.pdf](http://www.aorn.org/docs_assets/55B250E0-9779-5C0D-1DDC8177C9B4C8EB/1CB6F1CE-1F29-E23E-B89E0FAA98B9CDCF/AORN%20Principles.pdf)

Sincerely,

Linda Groah RN MSN CNOR CNAFAAN  
Executive Director/CEO  
AORN

June 18, 2009

Francis J. Podbielski, M.D., FACS  
Medical Director  
Donald J. Osada, PA-C  
271 Carew Street • Springfield, MA 01104  
413-748-9628 • 413-748-9662 fax  
mercycares.com

Jeffrey Sánchez  
State Representative  
State House  
Room 130  
Boston, MA 02133

Dear Mr. Sánchez,

My name is Francis J. Podbielski, MD. I am a board certified cardiothoracic surgeon in practice in Worcester and Springfield, Massachusetts. I have been in practice since 1997 and have both a broad and in-depth experience working with surgical technologists in the operating room since the beginning of my residency training in program in general surgery in 1990. The impact of surgical technologists and their vital role in medicine and more especially surgery cannot be underscored. They are frequently called upon to perform tasks as the primary surgical assistant during complex medical and surgical procedures. With the impending drastic shortage of physicians in the United States, their roles and responsibilities will become greatly expanded in the coming years.

I was proud to lobby actively on behalf of Surgical Technologist/Assistant registration during my years of practice in the State of Illinois which resulted in institution of a standard registration process for both Surgical Technologists and Surgical Assistants in 2003. I believe the formal recognition of their significant roles helps me as a surgeon by ensuring that only highly trained and competent personnel are at my side in the operating room. A move towards standardized education and credentialing is a major step that ensures my ongoing practice of safe surgery and quality outcomes – both of which are deserved by the people of the Commonwealth of Massachusetts. We in the field of surgery cannot overemphasize the importance of integrated team work. All of the personnel - medical providers, operating room nursing staff, and surgical assistants and technologists bring to the patient their expertise.

Passage of Senate Bill #797 works toward ensuring that all members of this integrated team are optimally trained in their ~~designated role~~. As a surgeon who has worked seamlessly with Surgical Technologist and Assistants for the past nineteen years, I cannot speak strongly enough of my support for this measure.

If you have any questions please feel free to contact me.

June 18, 2009

**Francis J. Podbielski, M.D., FACS**

Medical Director

**Donald J. Osada, PA-C**

271 Carew Street • Springfield, MA 01104

413-748-9628 • 413-748-9662 fax

mercycares.com

Harriett L. Chandler  
State Senator  
State House  
Room 312-D  
Boston, MA 02133

Dear Ms. Chandler,

My name is Francis J. Podbielski, MD. I am a board certified cardiothoracic surgeon in practice in Worcester and Springfield, Massachusetts. I have been in practice since 1997 and have both a broad and in-depth experience working with surgical technologists in the operating room since the beginning of my residency training in program in general surgery in 1990. The impact of surgical technologists and their vital role in medicine and more especially surgery cannot be underscored. They are frequently called upon to perform tasks as the primary surgical assistant during complex medical and surgical procedures. With the impending drastic shortage of physicians in the United States, their roles and responsibilities will become greatly expanded in the coming years.

I was proud to lobby actively on behalf of Surgical Technologist/Assistant registration during my years of practice in the State of Illinois which resulted in institution of a standard registration process for both Surgical Technologists and Surgical Assistants in 2003. I believe the formal recognition of their significant roles helps me as a surgeon by ensuring that only highly trained and competent personnel are at my side in the operating room. A move towards standardized education and credentialing is a major step that ensures my ongoing practice of safe surgery and quality outcomes – both of which are deserved by the people of the Commonwealth of Massachusetts. We in the field of surgery cannot overemphasize the importance of integrated team work. All of the personnel - medical providers, operating room nursing staff, and surgical assistants and technologists bring to the patient their expertise.

Passage of Senate Bill #797 works toward ensuring that all members of this integrated team are optimally trained in their designated role. As a surgeon who has worked seamlessly with Surgical Technologist and Assistants for the past nineteen years, I cannot speak strongly enough of my support for this measure.

If you have any questions please feel free to contact me.

Sincerely,

*Francis J. Podbielski* MD

Francis J. Podbielski, MD, FACS

Medical Director, Lung Cancer Program  
Mercy Medical Center, Springfield, Massachusetts

Associate Professor of Thoracic Surgery  
University of Massachusetts Medical School, Worcester, Massachusetts

FJP/el

cc: Linda Sullivan, CST



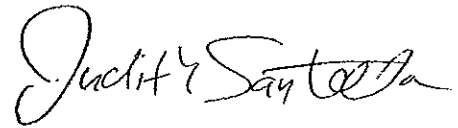
S. 797

Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, MA 02133

Dear Representative Sanchez:

I urge you to support State SB797. I know a surgical technologist who has held this position for over 30 years. I am aware of how critical the role of the surgical technologist is during surgery and I am shocked that there are no regulations or minimum educational requirements for this profession. It is unfathomable to believe that the person who cuts my hair has to be licensed, yet those who work side by side in operating rooms on delicate, often life saving, procedures with surgeons do not have to meet any professional requirements to work in their field. Please give your support to this bill and bring a new and long over due level to these dedicated professionals that have chosen this essential career.

Thank you,



Judith Santella  
39 Sacarrappa Road  
P.O. Box 546  
Oxford, MA 01540  
508-987-9432

S. 797

July 7, 2009  
Senator Harriet Chandler  
State House  
Room 312-D  
Boston, MA 02133

I have been working as a surgical technologist since 1976 and I urge you to support SB 797. You helped advance this bill last legislative session, I talked to Allison prior to the filing this session and I had the impression that you would co-sponsor our bill this session alas; this did not happen therefore, I want to remind you of the role we have in the surgical suite.

Throughout the years, I have witnessed persons who are not properly trained as a surgical technologist set up sterile tables while still wearing rings and bracelets. This is considered a break in sterile technique and could pose a threat to the patient by introducing microorganisms and causing an infection. When people are not properly educated they do not realize the potential harm that they could cause to the patient. Additionally, they do not realize the ethical responsibility of reporting breaks in sterile technique while scrubbed on procedures. Hospital acquired infections are on the rise and now insurance companies do not want to reimburse hospitals for everyday expenditure related to these infections. Therefore, SB 797 not only protects the patient from infection, this bill could financially help hospitals by reducing the possibility of hospital acquired infections.

Along with pathophysiology one must consider the vast knowledge of anatomy and the steps to the surgical procedures that students learn in lecture and through formal clinical training. Often surgical technologists hold instruments and retract organs so the surgeon can continue with the procedure. When someone isn't aware of the anatomy they could put too much pressure on an organ or nerve causing irreversible damage. Again, bringing forth the patient safety issue when a surgical technologist isn't properly educated academically and clinically.

I am 52 years old and a nursing student, often my patients ask me if I am changing professions. When I say yes, I am a surgical tech, I'm the one that hands the instruments to the surgeon during surgical procedures they say, "I thought nurses did that job?" Obviously I don't go into detail of my job but if they knew that we could be trained on the job to stand over their open incision, maintaining the sterile field I think they would be appalled. Considering SB 797 has no financial impact for the citizens of our state and that it will help ensure patient safety to me, this is a win/win bill for every patient that has to have surgery in our great commonwealth.

Please support SB 797 and help protect the surgical patient many surgeons affiliated with UMass Memorial feel this is an important bill and have sent letters of support. I ask you to help us protect our patients.



Lucy Pendell CST  
64 Melrose Street  
Boylston, Ma. 01505

July 7, 2009  
Senator Susan C. Fargo  
State House  
Room 504  
Boston, Ma. 02133

Dear Senator Fargo,

I have been working as a surgical technologist since 1976 and I urge you to support SB 797. You heard our testimony last legislative session and helped move our bill to the next committee therefore, I want to remind you of the importance of our role in patient care. When people are not properly educated they do not realize the potential harm that they could cause to the patient. Additionally, they do not realize the ethical responsibility of reporting breaks in sterile technique while scrubbed on procedures. Hospital acquired infections are on the rise and now insurance companies do not want to reimburse hospitals for everyday expenditure related to these infections. Therefore, SB 797 not only protects the patient from infection, this bill could financially help hospitals by reducing the possibility of hospital acquired infections.

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I am 52 years old and a nursing student, often my patients ask me if I am changing professions. When I say yes, I am a surgical tech, I'm the one that hands the instruments to the surgeon during surgical procedures they say, "I thought nurses did that job?" Obviously I don't go into detail of my job but if they knew that we could be trained on the job to stand over their open incision, maintaining the sterile field I think they would be appalled. Considering SB 797 has no financial impact for the citizens of our state and that it will help ensure patient safety to me, this is a win/win bill for every patient that undergoes surgery in our great commonwealth.

Please support SB 797 and help protect the surgical patients in our state just think...it could be you or a family member that has an uneducated person maintaining your sterile field, holding a vital organ or wearing jewelry under the sterile gloves!



Lucy Pendell CST  
64 Melrose Street  
Boylston, Ma. 01505

July 1, 2009

Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, MA 02133

RE: SB 797

Dear Representative Sanchez:

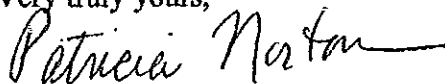
This proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

Patients assume that all personnel caring for them are properly educated and have appropriate clinical experience; however, surgical technologists remain the only members of the surgical team who are not required to meet threshold educational and certification criteria in order to practice in their area of expertise. Passage of a surgical technologist credentialing bill will obviate this alarming disparity and ensure that all personnel caring for patients undergoing surgery are appropriately educated and meet minimum continuing education standards.

Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

This is very important legislation and I strongly support its passage and your sponsorship and support for its passage.

Very truly yours,



Patricia Norton  
POBox 167  
Boylston, MA 01505

S. 797



Senator Michael Moore  
State House  
Room 518  
Boston, MA 02133

Medical Center  
Department of Infection Control

University Campus  
55 Lake Avenue North  
Worcester, MA 01655  
Tel: 508-856-3293  
Fax: 508-334-2218  
[www.umassmemorial.org](http://www.umassmemorial.org)

Dear Senator Moore:

I am writing as a voter in Massachusetts to urge your sponsorship and support of the Surgical Technologist Credentialing Act, SB 797, sponsored by Senator Brewer and co-sponsored by numerous others. The proposed legislation will require that surgical technologists in the operating rooms be appropriately credentialed and certified. I am an Infection Control Practitioner at the University of Massachusetts Medical Center in Worcester, MA and in this capacity, I am responsible for decreasing transmission of hospital-acquired infections in the Operative Setting. I have had the opportunity to work closely with surgical technologists throughout my career. Surgical technologists are an integral and valuable member of the surgical team. They are responsible for ensuring that the supplies, equipment and instruments needed for surgical procedures are available and in operational order, and that the surgical field is and remains sterile. Beyond that, they have a vast knowledge of anatomy and pathophysiology and their relationship to both the surgical patient and the surgical procedure. Their ability to anticipate the sequential order of surgical procedures and the needs of surgeons contributes to successful outcomes and the quality of care that the patient receives.

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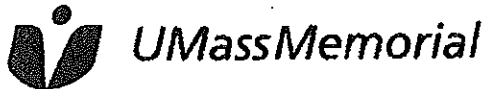
Thank you for your consideration. Surgical patient care is enhanced when all members of the surgical team work collaboratively and in concert. Threshold competency requirements for surgical technologists will help achieve this goal. Patients undergoing surgery in Massachusetts deserve no less.

Very truly yours,

A handwritten signature in cursive script that reads 'Rose Erlichman'.

Rose Erlichman, RN, BSN, CIC  
451 Walnut Street  
Shrewsbury, MA 01545  
508-845-1423

S. 797



Senator Harriet L. Chandler  
State House  
Room 312-D  
Boston, MA 02133

Medical Center  
Department of Infection Control

University Campus  
55 Lake Avenue North  
Worcester, MA 01655  
Tel: 508-856-3293  
Fax: 508-334-2218  
www.umassmemorial.org

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Very truly yours,

Rose Erlichman, RN, BSN, CIC  
451 Walnut Street  
Shrewsbury, MA 01545  
508-845-1423



**UMassMemorial**

Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, MA 02133

Medical Center  
Department of Infection Control

5, 79 /  
University Campus  
55 Lake Avenue North  
Worcester, MA 01655  
Tel. 508-856-3293  
Fax: 508-334-2218  
[www.umassmemorial.org](http://www.umassmemorial.org)

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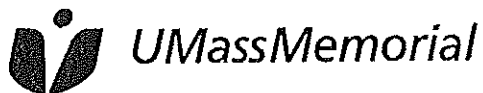
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Very truly yours,

Rose Erlichman, RN, BSN, CIC  
451 Walnut Street  
Shrewsbury, MA 01545  
508-845-1423



Medical Center  
Department of Anesthesiology

Memorial Campus  
119 Belmont Street  
Worcester, MA 01605  
Tel: 508-334-8297  
Fax: 508-334-8204  
E-mail: kapaons@ummc.org  
www.umassmemorial.org

Stephen P. Kapaon, MD  
Vice Chair

June 27, 2009

State Representative Jeffrey Sanchez  
State House  
Room 130  
Boston, MA 02133

Dear Representative Sanchez:

As Vice Chair of the Department of Anesthesiology, UMass Memorial Medical Center, Worcester, MA, I work with Surgical Technologists on a daily basis, and recognize the value of their services. I support *Senate Bill No. 797* requiring that:

- Surgical Technologists be graduates of accredited schools of surgical technology, and hold and maintain Certification administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA)
- Specifies certain exemptions;
- Specifies a "grandfather" clause;
- And, specifies certain listed processes and procedures.

I ask for your support to approve this legislation when it comes before the Massachusetts Legislature.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stephen P. Kapaon'.

Stephen P. Kapaon, MD  
Vice Chair, Department of Anesthesiology





Berkshire  
Medical Center, Inc.  
BERKSHIRE HEALTH SYSTEMS, INC.

S. 797

725 North Street  
Pittsfield, MA 01201  
(413) 447-2000

July 10, 2009

Joint Committee on Public Health  
Susan Fargo, Chairman  
Massachusetts State House  
Room 504  
Boston, Massachusetts 02133

Dear Senator Fargo,

As the Director of the Operating Room in Surgical Services at Berkshire Medical Center, I would like to lend my support to the Credentialing Bill 797 related to the requirement of certification for Surgical Technologists.

Our job description for Surgical Technologists was changed 2 years ago to make it a condition of employment to be certified within 6 months of hire date.

Our current certification is 100%.

It is our feeling that this level of professionalism through certification is necessary not only for patient safety, but for mandating and insuring the continuing education requirements in today's ever-changing technological health care environment.

Sincerely Yours,

Tracy J. Condron, RN  
Director, Operating Room



SENATOR  
STEPHEN M. BREWER  
CHAIR

COMMITTEE ON WAYS & MEANS  
MASSACHUSETTS SENATE  
STATE HOUSE, BOSTON, MA 02133-1007

ROOM 212  
TEL. (617) 722-1540  
FAX (617) 722-1078  
STEPHEN.BREWER@MASENATE.GOV  
WWW.MASENATE.GOV  
WORCESTER, HAMPDEN,  
HAMPSHIRE AND FRANKLIN  
DISTRICT

June 20, 2011

Senator Susan Fargo, Chairwoman  
Joint Committee on Public Health  
State House, Room 504  
Boston, MA 02133

Representative Jeffrey Sanchez, Chairman  
Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo and Chairman Sanchez:

I am writing in support of **Senate Bill 1070**, "*An Act Relative to Oral Cancer Therapy*," which is scheduled for a public hearing before the Joint Committee on Public Health on June 21, 2011.


This legislation requires insurance companies that provide coverage for intravenous chemotherapy treatments to also provide coverage for orally administered anticancer medication. Currently, chemotherapy that is infused at a clinic is paid as a medical benefit while pills are covered under prescription drug plans, allowing insurance companies to transfer costs to the patient. This legislation would end that practice. As science and technology move forward, it is important for standards and regulation to keep pace. Many of the cancer therapy drugs that have recently been released and many in development are available only in pill form, but patients who cannot afford the out of pocket costs are often forced to seek alternatives that may not be the best course of action for their treatment because they cannot afford the high cost of paying for oral therapies. Patients undergoing life-saving cancer treatments should not be forced to choose between the financial strains that come with out of pocket expenses and potentially less effective

treatments that are covered by their insurance. Treatment is a very personal decision and should be made by the doctors and the patients, not the insurance companies.

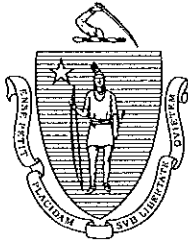
Last session, this bill was released favorably from the Joint Committee on Public Health and has since received acknowledgment from national consumer protection groups as a potential nationwide model. As we focus on growing the biotechnology industry in Massachusetts and serving as a model for national health care reform, this legislation fits with our reputation as a leader. I urge you to give S1070 all due consideration and release it with a favorable report.

Thank you for your consideration.

Sincerely,

  
STEPHEN M. BREWER  
*State Senator*

SMB/ab



*The Commonwealth of Massachusetts*

HOUSE OF REPRESENTATIVES  
STATE HOUSE, BOSTON 02133-1054

**MICHAEL F. KANE**  
**STATE REPRESENTATIVE**  
5TH HAMPDEN DISTRICT  
HOLYOKE

DISTRICT OFFICE  
250 WESTFIELD ROAD  
HOLYOKE, MA 01040

TEL (413) 540-9842  
FAX (413) 540-9843

Chairman  
Municipalities & Regional Government

STATE HOUSE, ROOM 540  
BOSTON, MA 02133-1054

TEL (617) 722-2090  
FAX (617) 722-2848  
Michael.Kane@mahouse.gov

June 20, 2011

State Representative Jeffrey Sanchez  
Chair-Committee on Public Health  
State House Room, 130  
Boston, MA 02133

**Re: Senate Bill 1070, *An Act relative to Oral Cancer Therapy***

Dear Chairman Sanchez,

I am writing today in request that **Senate Bill 1070, *An Act relative to Oral Cancer Therapy***, be reported favorably out of committee. This bill would require insurance companies that provide coverage for intravenous chemotherapy to provide equal coverage for orally administered anti-cancer medications.

Thank you for your consideration of this request. Please do not hesitate to contact me should you have any further questions.

Sincerely,

Michael F. Kane  
State Representative  
5<sup>th</sup> Hampden District

Panel

2011- 2012  
Joint Committee on Public Health  
Oral Testimony Sign-in Form

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**CONTACT INFORMATION**

NAME: Justin Smith

OCCUPATION / TITLE: \_\_\_\_\_  
\_\_\_\_\_

PROFESSIONAL AFFILIATION: VP, Leukemia & Lymphoma Society Mass Chapter,  
National Adv. Delegate, Board of Representatives

MAILING ADDRESS: 500 Salisbury Street  
CITY / TOWN: Worcester  
STATE: MA ZIP: 01609

WEB ADDRESS: \_\_\_\_\_

PHONE: (774) 573-8180 E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

**TESTIFYING ON THE FOLLOWING MATTERS**

IN SUPPORT: H. \_\_\_\_\_  
\_\_\_\_\_  
S.1070, An Act Relative to Oral Cancer Therapy  
\_\_\_\_\_

IN OPPOSITION: H. \_\_\_\_\_  
\_\_\_\_\_  
S. \_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.



2011 - 2012  
Joint Committee on Public Health  
Oral Testimony Sign-in Form

CONTACT INFORMATION

NAME: Lea Lessard Pearson

OCCUPATION / TITLE: Executive Director

PROFESSIONAL AFFILIATION: New England Coalition for Cancer Survivorship

MAILING ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEB ADDRESS: neccs.org

PHONE: (617) 852-9003 E-Mail: lpearson@gmail.com

TESTIFYING ON THE FOLLOWING MATTERS

IN SUPPORT: H. 1543

S. 1070

IN OPPOSITION: H. \_\_\_\_\_

S. \_\_\_\_\_

PLEASE NOTE: After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.

with Helene  
Belinsky

2011 - 2012

Joint Committee on Public Health  
Oral Testimony Sign-in Form

**CONTACT INFORMATION**

NAME: Shirley Royster

OCCUPATION / TITLE: Consumer / Advocate

PROFESSIONAL AFFILIATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY / TOWN: Boston

STATE: MA ZIP: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

PHONE: ( ) - E-Mail: @

**TESTIFYING ON THE FOLLOWING MATTERS**

IN SUPPORT: H. 1529

S. 1070

IN OPPOSITION: H. \_\_\_\_\_

S. \_\_\_\_\_

**PLEASE NOTE:** After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.



2011 – 2012  
Joint Committee on Public Health  
Oral Testimony Sign-in Form

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**CONTACT INFORMATION**

NAME:

David White

OCCUPATION / TITLE:

Director, Government Affairs

PROFESSIONAL  
AFFILIATION:

Mass. Dental Society

MAILING ADDRESS:

2 Willow St.

CITY / TOWN:

Southborough

STATE:

MA

ZIP: 01745

WEB ADDRESS:

www.massdental.org

PHONE:

(508)

449-6025

E-Mail:

dwhite

@massdental.org

**TESTIFYING ON THE FOLLOWING MATTERS**

IN SUPPORT:

H. 1529

+

S. 1070

IN OPPOSITION:

H. \_\_\_\_\_

S. \_\_\_\_\_

**PLEASE NOTE:** After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.

2011 – 2012  
Joint Committee on Public Health  
Oral Testimony Sign-in Form

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**CONTACT INFORMATION**

NAME: Catherine Hayes

OCCUPATION / TITLE: Chair

PROFESSIONAL AFFILIATION: Better Oral Health for MA

MAILING ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

PHONE: ( ) - E-Mail: @

**TESTIFYING ON THE FOLLOWING MATTERS**

IN SUPPORT: H. 1529

S. 1070

IN OPPOSITION: H. \_\_\_\_\_

S. \_\_\_\_\_

**PLEASE NOTE:** After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.

2011 - 2012  
Joint Committee on Public Health  
Oral Testimony Sign-in Form

CONTACT INFORMATION

NAME: Jim Campbell

OCCUPATION / TITLE: \_\_\_\_\_

PROFESSIONAL AFFILIATION: NAHOFF

MAILING ADDRESS: \_\_\_\_\_  
CITY / TOWN: Boston  
STATE: MA ZIP: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

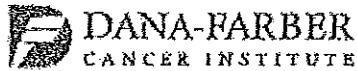
PHONE: ( ) - E-Mail: jcampbell/nahoff@nahoff.org

TESTIFYING ON THE FOLLOWING MATTERS

IN SUPPORT: H. 1529  
S. -1070

IN OPPOSITION: H. \_\_\_\_\_  
S. \_\_\_\_\_

PLEASE NOTE: After giving due consideration to the subject matter, number of bills, number of witnesses and the length of time available, the presiding Chair shall determine the order of testimony during the public hearing and may reasonably limit the length of testimony of witnesses.



Edward J. Benz, Jr. M.D.  
President and CEO  
Dana-Farber Cancer Institute

Director  
Dana-Farber / Harvard Cancer Center

Richard and Susan Smith  
Professor of Medicine  
Harvard Medical School

Professor of Pediatrics  
Harvard Medical School

Professor of Genetics  
Harvard Medical School

450 Brookline Ave., DA1628  
Boston, MA 02215-5450  
617.632.4266 tel. 617.632.2161 fax  
edward\_benz@dfci.harvard.edu  
www.dana-farber.org

June 13, 2011

***Re: SB 1070 Entitled "An Act Relative to Oral Cancer Therapy"***

Dear Chairwoman Fargo, Chairman Sanchez  
and Members of the Joint Committee on Public Health:

On behalf of Dana-Farber Cancer Institute, I am writing in support of Massachusetts Senate bill 1070, a bill addressing coverage of oral anticancer medications. We thank Senator Brewer for introducing legislation to address this important patient care issue.

A fundamental part of Dana-Farber's mission is to ensure that cancer patients have access to the most advanced treatments available. Dana-Farber experienced more than 340,000 patient visits last year, is involved in some 750 clinical trials, and is renowned for its blending of research and clinical excellence. Recognizing that cancer treatment is approaching an era of personalized medicine, tailored to the molecular traits of a person's particular, genetically-defined cancer, Dana-Farber is committed to supporting research projects with the potential to result in targeted cancer therapies, most of which are oral agents. We firmly believe that the emergence of safe, clinically effective oral chemotherapy has significantly increased the treatment options for cancer patients.

According to the National Comprehensive Cancer Network (NCCN), over 400 anticancer medications are currently under development and about 25% of them are intended as oral anticancer medications, which will be used to treat 52 different types of cancer. The most frequently prescribed oral medications are used to treat breast, ovarian, endometrial and uterine cancers, and multiple myeloma and other hematological malignancies.

Oral chemotherapy provides several benefits to cancer patients resulting in improved quality of life: it may allow administration of the drug on a daily basis, be more convenient for patients, reduce the need to drive long distances and/or schedule time away from work/family, and reduce the risk of infection or other complications of infusional therapies. Yet, oral chemotherapy drugs can be very expensive for patients, given that they are generally covered under a prescription drug benefit rather than medical benefits, causing patients to incur higher co-pays. These co-pays can result in

June 13, 2011

Page 2

out-of-pocket costs of hundreds or even thousands of dollars a month, effectively excluding them as an option for many patients.

We understand the critical importance of controlling health care costs. Dana-Farber has a number of innovative efforts underway in the areas of comparative effectiveness research, outcomes research, and pay for performance with the goal of providing the most cost-effective treatments possible. However, our understanding is that this bill is effectively cost-neutral.

In fact, many other states are leading the way. Thirteen states (Oregon, Indiana, Iowa, Hawaii, Vermont, DC, Colorado, Connecticut, Minnesota, Kansas, Washington, Texas and New Mexico) have passed oral chemotherapy parity legislation and legislation is pending in at least ten other states. As concluded in a January 2009 report commissioned by the Vermont state legislature, providing parity for patients in their state was determined to have no significant impact on premiums.

In closing, we strongly believe that a health plan that provides coverage for cancer chemotherapy should not require a higher deductible or co-insurance amount for a prescribed, orally administered anticancer medication than what is required for an intravenously administered or injected cancer medication.

Sincerely,



Edward J. Benz, Jr. M.D.

1070

Good morning. My name is Marianne Thea Showstack. I am a 31 year old School Psychologist, and my journey with leukemia began on July 8<sup>th</sup>, 2009 back when I was in graduate school. It was then that I found myself in the eye doctor's office, complaining of problems with my vision. The best way I could describe to her what was going on was to say that everything looked like an underdeveloped Polaroid photograph. We both thought it was a detached retina since my father has experienced these in the past and they are supposed to be genetic. She dilated my eyes and took a look. Immediately I knew something was wrong. She didn't say much, except that she saw many broken blood vessels at the back of both eyes. I asked her what that could mean, and all she would say was that this generally indicates something "systemic." "What does that mean", I asked? She replied, "something is going on with your body as a whole." Concerned that it could be diabetes, she tested my blood sugar right there in the office. It came back 81. Not diabetes. She then told me to make an appointment with my primary care doctor immediately and get a complete blood count. At 4pm on July 10<sup>th</sup>, I went to the student health center at the University of Massachusetts Boston, where I was a student at that time. After hearing what happened at the eye doctor, the nurse practitioner suggested that I see a special ophthalmologist because my problem sounded like something originating in the eye. I explained that my eye doctor was insistent that it was something systemic and that I would like a complete blood count. She rolled her eyes, but acquiesced to my request. I waited in the waiting room for my results. Fifteen minutes later, the nurse practitioner called me into her office, pale as a ghost. She abruptly told me to sit down. She said, "Something showed up on your CBC. A normal white blood cell count is between 2,000 and 10,000. Yours is 145,000. We repeated it three times to be sure it wasn't a mistake. This is considered a panic value and you need immediate medical attention. Can someone pick you up?" "What could it be?" I asked nervously. "Generally, with this high of a blood count, we consider leukemia the most likely diagnosis" she replied bluntly. The room began to spin, my heart raced, and I called my husband of less than three years, choking back tears. The drive to the hospital was a blur. I called my parents from the car, but I don't remember what was said. In the ER, vials and vials of blood were drawn,

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bone marrow was taken from my hip, and my husband and I waited and cried. Around 9pm, I was admitted to the hematologic oncology floor and underwent phoresis to remove the excess cancerous white blood cells from my body. Around midnight, we finally met my doctor and received a diagnosis. Chronic Myelogenous Leukemia, or CML. I didn't even know what leukemia was except that it was cancer of the blood; never mind that there were several types. It was hard to take in all the information provided to us that night. The one thing that stood out, however, was that my doctor said there was a magic pill that works for most people with CML, and enables them to live a normal life.

In the weeks that followed, I was seen in the outpatient clinic, and put on Gleevec, the magic pill. I had also been researching my illness and asking questions of my doctor. Why did I get this? Will I ever be cured? I have since learned that I got this out of dumb luck. CML is not a disease that discriminates. It can happen to anyone at any time, regardless of their current health, age, race, or gender. There are no lifestyle factors associated with its development. Basically, for no known reason, two of my chromosomes in one of my cells, chromosomes 9 & 22, broke apart and switched places, turning OFF the off switch that every healthy individual has to tell their white cells to stop producing. This chromosomal mistake then copied itself over and over and over until my blood became sludged with underdeveloped cancerous white cells, causing my eye problems (and in some people, kidney and other issues). Some may think, 'wow, how unlucky.' But every day I am reminded of how lucky I am to have a cancer that is so well understood and so treatable with my magic pill. This magic pill, Gleevec, has only been FDA approved since 2001. But in that time, it has unequivocally revolutionized how people with CML live. And I say live because without Gleevec, there is a good chance I wouldn't live to see my 35<sup>th</sup> birthday. I may not have lived to have children and grow old with my husband. Before Gleevec, the life expectancy of someone with CML was generally 4-8 years even with chemotherapy and risky bone marrow transplants, which were the general course of therapy before Gleevec. Dr. Brian Druker and his research colleagues miraculously found a magic bullet which targets just the chromosomal

Thea Showstack  
Testimony  
6/21/10

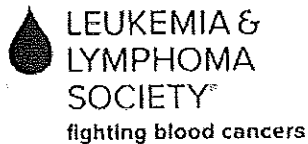
abnormality in people with CML, allowing noncancerous white cells to reclaim their turf once again. I have been taking 400mg of Gleevec once a day since August 2009 and I am elated to say that I am completely cancer free today because of Gleevec.

There's one catch, which is the reason I'm here today. Gleevec, my magic pill, is a drug that I will likely need to take for the rest of my life to prevent my cancer from coming back or to treat a relapse if that should happen. The out-of-pocket cost of Gleevec is roughly \$50,000 per year. Luckily, as an employee of a public school system since September, I currently have comprehensive insurance which allows me access to Gleevec with a minimal monthly co-pay. But I am no stranger to insurance difficulties. When I was diagnosed, I had a quote cost-effective student health insurance with a maximum prescription medication benefit of \$3,000 per year. At that time, scared and frustrated, I sought support from the patient assistance program from Novartis, Gleevec's manufacturer, as the out-of-pocket cost of Gleevec is prohibitive.

In this time of healthcare reform, we *must* change how we think about oral therapies for cancer, one of the most prevalent diseases in this country. Although health insurance coverage is mandatory in Massachusetts, hundreds if not thousands in the Commonwealth are under-insured as I was. We are not faceless people who deserve subpar coverage. Many of us are good people who deal with illnesses such as cancer on a daily basis. It is also important to note that not all cancer treatments are the same. In fact, Gleevec, and other tyrosine kinase inhibitors which are the gold standard of treatment for the vast majority of patients with CML, only come in pill form.

Categorizing Gleevec (and other oral cancer therapies) as a medical treatment is not only accurate and fair, it is also the responsible thing to do for those whose lives and families literally depend upon it. With Gleevec and other such oral cancer therapies considered as medical treatment, it allows those of us with cancer to be free of one less burden and to be able to focus on what's really important. Thank you.





Good Morning Chairman Fargo, Chairman Sanchez and Members of the Committee:

My name is Justin Smith and I am the Vice President of the Massachusetts Chapter Board of Trustees for The Leukemia & Lymphoma Society. I serve as member of the National Committee for Public Policy based out of Washington DC and recently completed my term as Chair the Advocacy Task Force for the National Board of Representatives which coordinates the national grassroots effort to champion the cause of patient rights as well as lobby Congress for support of cancer research legislation. But most importantly, I am a 10 year survivor of Hodgkin Lymphoma.

The Leukemia & Lymphoma Society strongly supports legislation to require health insurance plans in Massachusetts to provide the same coverage for orally administered chemotherapy treatments, as is extended for intravenously dispensed, or injected, chemotherapy. It is part of LLS' mission to ensure that patients with blood cancers have access to the best possible therapies to fight their illness, regardless of a patient's age, ethnicity, income or insurance status.

As a result of ever evolving, cutting-edge research and a commitment to improving treatments and finding cures, researchers are continually identifying new and more effective therapies for cancers. One of the greatest breakthroughs in the blood cancer world has been the development of Gleevec, which is used to treat Chronic Myelogenous Leukemia (CML) and is an oral chemotherapy drug. With Gleevec, CML patients are able to undergo chemotherapy by taking a pill in the comfort of their home, giving them the freedom to carry on with their daily lives; this is true, not just for patients taking Gleevec, but other cancer patients receiving oral chemotherapy treatments. Gleevec is also now being used for other cancers and other diseases.

Oral chemotherapy is an exciting development for cancer patients and its benefits are significant. However, many insurance companies do not provide the same coverage for oral treatments as they do for more traditional IV chemotherapy, making it extremely cost prohibitive for countless patients. Specifically, since this chemotherapy treatment comes in the form of a pill or liquid, insurance companies classify the therapy as a prescription drug treatment. Consequently, the drug is not covered as a traditional "chemo" treatment and the patient is often forced to pay out-of-pocket -- usually at a much higher price.

To level the playing field for all cancer patients, insurers should cover the cost of oral treatments as they would standard chemotherapy, ensuring that no matter how administered, cancer patients can relax knowing that they're being given access to the best possible care at a price they can afford. As someone who endured nearly a year of traditional chemotherapy and radiation I can only dream of a day when more or even all cancers can be treated orally.

As a leader in the arena of healthcare, Massachusetts should pass this legislation. The District of Columbia and 13 other states have passed similar legislation, including most recently Texas & Illinois. Bills are also currently in play in New York, Wisconsin & several other states.

We urge you to support this legislation which will provide fair and equal access to treatment to all cancer patients.

Thank you,

Justin Smith  
Vice President, Board of Trustees  
Massachusetts Chapter  
The Leukemia and Lymphoma Society  
9 Erie Drive  
Natick, MA 01760

For more information, please contact:  
Lynne Morin, Patient Services Manager  
Massachusetts Chapter  
(508) 810-1308  
or Zina Cary, National Director of State Affairs, [zina.cary@lls.org](mailto:zina.cary@lls.org)



Edward J. Benz, Jr. M.D.  
President and CEO  
Dana-Farber Cancer Institute

Director  
Dana-Farber / Harvard Cancer Center

Richard and Susan Smith  
Professor of Medicine  
Harvard Medical School

Professor of Pediatrics  
Harvard Medical School

Professor of Genetics  
Harvard Medical School

450 Brookline Ave., DA1628  
Boston, MA 02215-5450  
617.632.4266 tel. 617.632.2161 fax  
edward\_benz@dfci.harvard.edu  
www.dana-farber.org

June 13, 2011

*Re: SB 1070 Entitled "An Act Relative to Oral Cancer Therapy"*

Dear Chairwoman Fargo, Chairman Sanchez  
and Members of the Joint Committee on Public Health:

On behalf of Dana-Farber Cancer Institute, I am writing in support of Massachusetts Senate bill 1070, a bill addressing coverage of oral anticancer medications. We thank Senator Brewer for introducing legislation to address this important patient care issue.

A fundamental part of Dana-Farber's mission is to ensure that cancer patients have access to the most advanced treatments available. Dana-Farber experienced more than 340,000 patient visits last year, is involved in some 750 clinical trials, and is renowned for its blending of research and clinical excellence. Recognizing that cancer treatment is approaching an era of personalized medicine, tailored to the molecular traits of a person's particular, genetically-defined cancer, Dana-Farber is committed to supporting research projects with the potential to result in targeted cancer therapies, most of which are oral agents. We firmly believe that the emergence of safe, clinically effective oral chemotherapy has significantly increased the treatment options for cancer patients.

According to the National Comprehensive Cancer Network (NCCN), over 400 anticancer medications are currently under development and about 25% of them are intended as oral anticancer medications, which will be used to treat 52 different types of cancer. The most frequently prescribed oral medications are used to treat breast, ovarian, endometrial and uterine cancers, and multiple myeloma and other hematological malignancies.

Oral chemotherapy provides several benefits to cancer patients resulting in improved quality of life: it may allow administration of the drug on a daily basis, be more convenient for patients, reduce the need to drive long distances and/or schedule time away from work/family, and reduce the risk of infection or other complications of infusional therapies. Yet, oral chemotherapy drugs can be very expensive for patients, given that they are generally covered under a prescription drug benefit rather than medical benefits, causing patients to incur higher co-pays. These co-pays can result in

June 13, 2011

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out-of-pocket costs of hundreds or even thousands of dollars a month, effectively excluding them as an option for many patients.

We understand the critical importance of controlling health care costs. Dana-Farber has a number of innovative efforts underway in the areas of comparative effectiveness research, outcomes research, and pay for performance with the goal of providing the most cost-effective treatments possible. However, our understanding is that this bill is effectively cost-neutral.

In fact, many other states are leading the way. Thirteen states (Oregon, Indiana, Iowa, Hawaii, Vermont, DC, Colorado, Connecticut, Minnesota, Kansas, Washington, Texas and New Mexico) have passed oral chemotherapy parity legislation and legislation is pending in at least ten other states. As concluded in a January 2009 report commissioned by the Vermont state legislature, providing parity for patients in their state was determined to have no significant impact on premiums.

In closing, we strongly believe that a health plan that provides coverage for cancer chemotherapy should not require a higher deductible or co-insurance amount for a prescribed, orally administered anticancer medication than what is required for an intravenously administered or injected cancer medication.

Sincerely,



Edward J. Benz, Jr. M.D.



June 21, 2011

The Honorable Susan C. Fargo  
Chairwoman, Joint Committee on Public Health  
State House Room 504  
Boston, MA 02133

The Honorable Jeffrey Sánchez  
Chairman, Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo, Chairman Sánchez and Honorable Members of the Committee,

On behalf of the American Cancer Society and those we serve, I write in support of SB 1070, *An Act relative to oral cancer therapy*.

Thanks to progress in cancer treatments, there are many types of chemotherapy that can be taken as a liquid, tablet, or capsule. Oral chemotherapy is any drug taken by mouth to treat cancer. It does not need to be injected into the body, and chemotherapy taken by mouth is as strong as the other forms and works just as well.

Some chemotherapy drugs are never taken by mouth because the stomach can not absorb them. Others may cause harm when swallowed. In fact, most chemotherapy drugs are injected through an intravenous (IV) line into a patient's vein. However, orally administered chemotherapy can have a significant, positive impact on a cancer patients' quality of life since it can often be taken at home ensuring that a patient does not need to go into a hospital or clinic for every treatment and has proven to have fewer severe side effects.

It is important for Massachusetts to allow for the appropriate and affordable treatment of cancer regardless of the delivery method. As it is presently treated under Medicare, we are asking that oral chemotherapy drugs remain as a medical benefit in private health insurance plans and not be allowed to be shifted to a prescription drug benefit where patients have higher co-pays and no annual out-of-pocket limits potentially rendering them "under-insured." In a state that prides itself on the lowest uninsured rate in the nation, it is imperative that we do not just provide access to health insurance but we provide access to the appropriate health care that a patient needs at an affordable cost.

The American Cancer Society has found several reasons cited by cancer patients for not completing treatment. Some of the most frequent are the distance, cost and availability of treatment. In an effort to help deal with these issues, the Society created the "Road to Recovery"

June 21, 2011

Senator Susan Fargo, Chair  
Joint Committee on Public Health  
State House, Room 504  
Boston, MA 02133

Representative Jeffrey Sánchez, Chair  
Joint Committee on Public Health  
State House, Room 130  
Boston, MA 02133

Dear Chairwoman Fargo and Chairman Sánchez,

On behalf of the American Lung Association in Massachusetts and all those we serve, I write in support of SB1070 *An Act Relative to Oral Cancer Therapy* sponsored by Senator Stephen Brewer.

Improving lung cancer treatments, survival rates, and a patient's quality of life are all central to our mission. Thanks to continued advances in medicine, anti-cancer medications are now available in pill form to treat some cases. Regrettably, greater patient out-of-pocket costs for oral medication versus intravenous (IV) medication pose a significant barrier to their use.

Typically, IV anti-cancer medications are covered under an insurance plan's medical benefit, where most patients are only responsible for their copayment for each visit to their health care provider. Providers administer the treatment and the patient is not required to pay a separate fee for the IV drug. Orally administered anti-cancer medications are treated as a prescription and covered under a patient's pharmacy benefit because a patient can take their medication independently.

Currently, several of these oral drugs are placed on a 4<sup>th</sup> or "specialty" tier of a prescription plan's formulary. According to the Kaiser Family Foundation, the average coinsurance rate for 4<sup>th</sup> tier drugs is 28 percent. In other words, a \$3,000 per month oral anti-cancer prescription could mean the patient must pay over \$800 out-of-pocket each month. This is a much higher monthly out of pocket cost than for IV medications.

When considering this price disparity, it is important to consider that certain newer chemotherapies are available only in oral formulation. Thus, patients who rely on these drugs are forced to pay more for the treatment recommended by their doctor or possibly take a less effective therapy than initially prescribed due to money restrictions.

The American Lung Association in Massachusetts and members of our Medical and Scientific Branch (formerly the Massachusetts Thoracic Society) strongly support physician and patient choice in determining the best course of treatment. We believe that drug formularies must be flexible enough to allow patients to receive the best evidence-based treatment that their physician determines will meet their needs. We understand and support efforts to contain health care costs, but believe that being overly restrictive with the tools available to manage a disease may actually result in more cost for that patient and the insurer in the future. To that end, we strongly support SB1070. This bill

 **AMERICAN LUNG ASSOCIATION.**  
IN MASSACHUSETTS

assures that patient access to the most effective anti-cancer therapy is not influenced by reimbursement policy.

It is important to note that this legislation does not direct insurers to cover all oral anti-cancer medications or any particular oral anti-cancer medication. However, if an insurer does cover any oral anti-cancer medication, it must do so in the same manner that it covers IV medications. This legislation also forbids insurers from decreasing the level of coverage for covered IV anti-cancer products in order to achieve parity.

Thank you for your time and consideration. We urge the Committee to report this legislation out favorably.

Sincerely,



Kathleen King  
Director, Health Promotion & Public Policy