

February 17, 2011

Committee Members,

My name is Keith Keierleber; I am a Certified Registered Nurse First Assistant (CRNFA). I have been a practicing First Assistant for the past 13 years, assisting in over 4,000 surgeries. I am currently employed by Northern Rockies Neurosurgeons, PLLC in Billings, Montana. Over the past 3 years we have seen a dramatic decreases in the number of insurance companies that reimburse for the service of an RNFA, to the point where there is a real likelihood that this profession will disappear and along with it quality patient care that will have to be absorbed by Physicians and Midlevel providers (Nurse Practitioners and Physicians Assistants) at a higher reimbursement rate, which in the long run cost more to the healthcare system and ultimately the patient.

There are many non-physician and non-midlevel practitioners throughout the nation functioning in the role of surgical first assistants. These include Registered Nurse First Assistants and Surgical Technician First Assistants. There are currently 13 states that have mandated, through the legislature that these assistants are reimbursed for their services. This is not the case in Montana.

With the ever changing healthcare landscape, the need for cost effective healthcare and the shortage of Physicians and Midlevel Practitioners in Montana there is a pressing need to address this issue at a legislative level to ensure the continuation of quality cost effective non-physician first assists.

Thank you for allowing me to meet with you to discuss this issue and determine the correct course of action for maintaining the quality patient care, safety, and cost effectiveness of the RNFA services.

Sincerely,



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Association of periOperative Registered Nurses

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Memo of Support for Registered Nurse First Assistants (RNFAs) Regarding Reimbursement for First Assistant at Surgery Services

Initiatives directed at achieving reimbursement for the first assistant services provided by registered nurse first assistants (RNFAs) are essential to establish recognition of the RNFA as an eligible provider of first assistant at surgery services within the health care insurance industry. AORN supports the role of the RNFA in contributing to safe patient care and recognizes that the lack of reimbursement for first assistant services provided by RNFAs presents a barrier to utilization of RNFAs.

RNFA Description

1. Licensed Professional Registered Nurse, experienced in operating room nursing, qualified through additional education as a first assistant in surgery.
2. Participates in hands-on functions associated with carrying out the surgical procedure.

RNFA Qualification Requirements

Completion of an intense one year college educational program consisting of didactic instruction, taught by surgeon-nurse teaching teams, and surgeon-supervised clinical rotations, dedicated to preparing the operating room nurse to assume the role of first assistant at surgery.

Current Reimbursement Environment

AORN understands the necessity of reducing health care costs for all involved parties. It is important to note that reimbursement for assisting at surgery services to licensed non-physician providers such as the RNFA represents a cost savings to the health care insurance industry.

Reimbursement for first assistant at surgery services provided by a MD is at a higher rate than reimbursement for the same service when provided by a non-physician. Presently, the insurance industry routinely reimburses this lower rate for first assistant at surgery services provided by licensed non-physician professionals who are qualified to provide first assistant at surgery services. However, when these services are performed by a qualified RNFA, such reimbursement is not routinely provided.

The documented shortage of available surgeons and the mandated reduction in permitted work hours of surgical residents has contributed to the need for registered nurse first assistants to step in to provide first assistant services, thereby ensuring continued delivery of quality surgical patient care. The RNFA is a technically skilled and highly knowledgeable health care professional who is educationally prepared, clinically experienced and available to function in this capacity.

AORN recognizes that the failure of payers to provide for RNFA reimbursement represents a barrier to optimal utilization of RNFA services. Achievement of parity with other licensed non-physician providers of assisting at surgery services through public policy action to establish reimbursement for RNFA services is necessary to ensure patient access to quality, cost-effective and safe surgical care.

Equitable Resolution

Since most insurance policies include provisions for reimbursement for first assistant at surgery services, no modification of existing protocols associated with procedures designated as reimbursable would be necessary in order to include RNFAs as eligible providers of first assistant services. Public policy to this effect would establish parity with other licensed non-physician first assistants who currently receive reimbursement.

Conclusion

In order to contribute to cost-effective, safe, and accessible quality health care for surgical patients, public policy efforts should be directed to establish provisions for reimbursement for the first assistant services provided by RNFAs.



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AORN Position Statement on

RN First Assistants

POSITION STATEMENT

This AORN position statement delineates the definition, scope of practice, and educational requirements for the perioperative registered nurse (RN) who practices as a registered nurse first assistant (RNFA). The qualifications to be met and components of the clinical privileging process are also described.

DEFINITION OF RN FIRST ASSISTANT

The RNFA is a perioperative registered nurse who:

- works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;
- has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;
- intraoperatively practices at the direction of the surgeon; and
- does not concurrently function as a scrub person.

SCOPE OF PRACTICE

Perioperative nursing is a specialized area of practice. Registered nurses practicing as first assistants in surgery are functioning in an expanded perioperative nursing role. First assisting behaviors are further refinements of perioperative nursing practice and are executed within the context of the nursing process. These behaviors include certain delegated medical functions that can be assumed by the RN who is qualified to practice as an RNFA. Registered nurse first assistant behaviors may vary depending on patient populations, practice environments, service provided, accessibility of human and fiscal resources, institutional policy, and state nursing regulations.

RNFA behaviors in the perioperative arena include but are not limited to:

- preoperative patient management in collaboration with other health care providers, such as

- performing focused preoperative nursing assessments
- communicating and collaborating with other health care providers regarding the patient plan of care, and
- intraoperative performance of surgical first-assistant techniques as in
 - using instruments and medical devices
 - providing surgical site exposure,
 - handling and/or cutting tissue,
 - providing hemostasis, and
 - suturing; and
- postoperative patient management in collaboration with other health care providers in the immediate postoperative period and beyond, such as
 - participating in postoperative rounds, and
 - assisting with patient discharge planning and identifying appropriate community resources as needed.

PREPARATION OF THE RNFA

The complexity of knowledge and skill required to effectively care for recipients of perioperative nursing services necessitates nurses to be specialized and to continue their education beyond generic nursing programs.

Perioperative nurses who wish to practice as RNFAs should develop a set of cognitive, psychomotor, and affective behaviors that demonstrate accountability and responsibility for identifying and meeting the needs of their perioperative patients. This set of behaviors:

- begins with and builds on the education program leading to licensure as an RN, which teaches basic knowledge, skills, and attitudes essential to the practice of perioperative nursing;
- includes diversified clinical experience in perioperative nursing; and
- includes achievement of certification in perioperative nursing (CNOR).

Further preparation to assume the role of RNFA is then attained by completion of an RNFA program that:

- is equivalent to one academic year of formal, post-basic nursing study, and
- meets the "AORN standards for RN first assistant education programs".¹

QUALIFICATIONS FOR RNFA PRACTICE

The minimum qualifications to practice as an RN first assistant include:

- certification in perioperative nursing (CNOR).
- successful completion of an RNFA program that meets the "AORN standards for RN first assistant education programs"¹, and
- compliance with all statutes, regulations, and institutional policies relevant to RNFAs.

CONTINUED COMPETENCY

The RNFA:

- demonstrates behaviors that progress on a continuum from basic competency to excellence,
- should maintain CNOR status, and
- is encouraged to achieve and maintain CRNFA certification when educational and experiential requirements have been met.

CLINICAL PRIVILEGING FOR THE RNFA

The facility(ies) in which the individual practices, should establish a process to grant clinical privileges to the RNFA. This process should include mechanisms for:

- verifying individual RNFA qualifications with the primary source,
- evaluating current and continued competency in the RNFA role,
- assessing compliance with relevant institutional and departmental policies,
- defining lines of accountability,
- incorporating peer and/or faculty review,
- validating continuing education relevant to RNFA practice, and
- verifying physical ability to perform the role.

RATIONALE

Historically, perioperative nursing practice has included the role of the registered professional nurse as an assistant during surgery. As early as 1977, documents issued by the American College of Surgeons supported the appropriateness of qualified RNs to first assist.²

AORN officially recognized this role as a component of perioperative nursing in 1983 and adopted the first "Official statement on RN first assistants (RNFA)" in 1984.³ All state boards of nursing recognize the role of the RNFA as being within the scope of nursing practice.

The decision by an RN to practice as a first assistant is to be made voluntarily and deliberately with an understanding of the professional accountability that the role entails.

REFERENCES

1. AORN Standards for RN First Assistant Education Programs. In: *Perioperative Standards and Recommended Practices*, Denver, CO: AORN; 2009:692-694.
1. "American Colleges of Surgeons: Statement and qualifications for surgical privileges in approved hospitals," *Bulletin of the American College of Surgeons* 62 (April 1977) 12-13.
2. "Task force defines first assisting," *AORN Journal* (February 1984) 403-405.

Original approved by the House of Delegates, Atlanta, March 1984

Revision approved by the House of Delegates, March 1993

Revision approved by the House of Delegates, April 1998

Revision approved by the House of Delegates, March 2004

Revision approved by the House of Delegates, December 2005

Revision approved by the House of Delegates, March 2010

Sunset review: December 2015

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State laws requiring RN first assistant reimbursement

AORN Journal, Nov, 2005 by E. Catherine Becker

Oregon House Bill 3329, signed into law July 2005, requires that insurance companies reimburse RN first assistants (RNFAs). (1) Oregon became the thirteenth state to require private insurance companies to reimburse RNFAs. (1) Other states with RNFA reimbursement laws are Colorado, Florida, Georgia, Illinois, Kentucky, Louisiana, Maine, Maryland, Minnesota, Rhode Island, Texas, Washington, and West Virginia. West Virginia requires that the state medical assistance program (ie, Medicaid) reimburse RNFAs but has not yet extended that requirement to the private sector. (2)

State laws addressing RNFA reimbursement differ in scope and legislative placement. Some states, such as Colorado and Maryland, require reimbursement of RNFAs through broad language in their statutes governing insurance. Other state statutes, such as those in Louisiana and Maine, specifically identify RNFAs as reimbursable as a matter of licensure and regulation of hospitals and nursing. Other states, including Georgia and Florida, require RNFA reimbursement in a single statutory provision. **Rhode Island and Texas have RNFA reimbursement language in each section** of their statutory codes regulating insurance or any other potential payer source (eg, workers' compensation).

BROAD, ALL-INCLUSIVE LANGUAGE

Four states have adopted statutory language. The statutory language encompasses all professions in the OR setting, including the assistant at surgery, as long as the professional is acting within his or her scope of practice.

Colorado. Colorado Revised Statutes, Title 10, Article 16, Part 1, 10-16-104 (B).

The licensed persons who may not be denied reimbursement shall include registered professional nurses and licensed clinical social workers. Such inclusion shall not be interpreted as enlarging the scope of professional nursing or licensed clinical social worker practice. (3)

Illinois. Illinois Compiled Statutes, Chapter 210, Act 85, 10.7

A licensed physician, dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all ~~its branches, dentist,~~ dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed RN, licensed practical nurse, surgical assistant, surgical technician, ~~or other individuals~~ granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate nonphysician modifier rate if the payor would have made payment if the same services had been provided by a physician. (4)

Maryland. Code of Maryland, Title 15, Subtitle 7, 15-701(2).

Notwithstanding any other provision of a policy, contract, or certificate subject to this subsection, if the policy, contract, or ~~certificate provides~~ for reimbursement for a service that is within the lawful scope of practice of a health care provider licensed under the Health Occupations Article, the insured or any other person ~~covered by or entitled~~ to reimbursement under the policy, contract, or certificate is entitled to reimbursement for the serviced

Washington. Revised Code of Washington, Title 48, Chapter 48.41, 48.41.110 (3).

~~The health insurance policy~~ issued by the pool shall pay only reasonable amounts for medically necessary eligible health care services rendered or furnished for the diagnosis or treatment of illnesses, injuries, and conditions that are not otherwise limited or excluded. Eligible expenses are the reasonable amounts for the health care services and items for which benefits are extended under the pool policy. Such benefits shall at minimum include, but ~~not be~~ limited to, the following services or related items: (b) professional services including surgery for the treatment of injuries, illnesses, or conditions, other than dental, which are rendered by ~~a health care provider~~, or at the direction of a health care provider, by a staff of registered or licensed practical nurses, or ~~other health~~

care providers. (6)

RNFA-SPECIFIC LANGUAGE

Nine states have adopted language that specifically names the RNFA as a professional who must be reimbursed. Several of the statutes do not use the term RNFA, but state that a "registered nurse who performs first assisting duties" is to be reimbursed by the insurance carrier.

Florida. Florida Statutes, Title XXXII, Chapter 464, Part 1,464.027 Legislative Intent.

The purposes of this section are to: encourage the use of first assistants.... provide for reimbursement for the first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies. (7)

Georgia. Georgia Code, Title 13, Chapter 24, Article 1, 33-24-59.9 (b).

It is the intent of the General Assembly to: (1) encourage the continued use of first assistants.... (2) establish policies within managed health care agencies, workers' compensation carriers, and all private insurance companies to provide for adequate and justifiable reimbursement for the RN first assistant for services rendered. (8)

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February 16, 2011

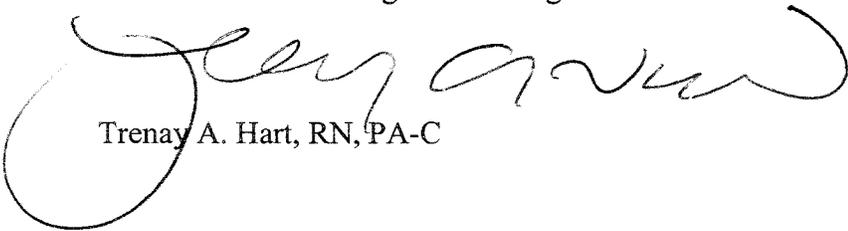
Dear Legislators:

It is my understanding that there are inequities in reimbursement for surgical assisting fees between Mid-Level providers (Physician Assistant's and Nurse Practitioner's) and Registered Nurse First Assistants (RNFA).

I believe in a rural state where all medical providers are valued we should advocate for equal reimbursement for the same type service offered. Therefore, all skill sets can be utilized in every setting.

Mid-Level providers and RNFA's perform the exact set of assisting skills intraoperatively where reimbursement is inequitable. Shouldn't they be reimbursed at the same rate for the same job? Yes.

Please consider legislation for equal pay for equal services rendered regarding reimbursement for surgical assisting across the board in the State of Montana.


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02/16/2011

MONTANA LEGISLATURE

RE: Reimbursement for registered nurse 1st assistants.

To whom it may concern,

I am currently an attending surgeon and trauma surgeon at St. Vincent Healthcare in Billings, MT. I have had the opportunity to work with several registered nurse 1st assistants over the past several years. We have found their assistants to be invaluable in the operating room. From our standpoint, the Registered nurse, FA function is the same as a physician assistant with respect to assisting in the surgical arena. They however are having difficulty getting reimbursed as a 1st assistant.

It is my sincere opinion that RN, FA should be reimbursed for the services they provide and that they are an integral component of our surgical team. In the overall financial picture, it is certainly favorable to compensate and RN, FA for assisting rather than another physician, whose assistant fees would be significantly higher.

Thank you for considering these reimbursement issues for RN, FA's.

SINCERELY,



ERIC DRINGMAN, MD
ERD/SM

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02/16/2011

RE: KEITH KEIERLEBER

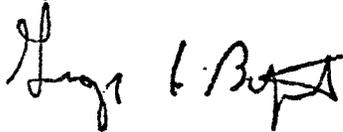
To whom it may concern,

My name is Dr. George Bentzel. I am a board certified general surgeon, practicing in Billings, MT and I have been practicing here for almost 11 years. It has come to my attention that there is a bill proposed to expand reimbursement for surgical 1st assistants to include register nurse 1st assistants in the operating room. Currently there is coverage for physician assistants and nurse practitioners that assist the surgeon in the operating room.

It has been my experience here in Billings, working with several RN, FA's, that they are well trained exceptionally dedicated and thorough assistants in the operating room. I have felt very comfortable doing complex procedures with both the registered nurse 1st assistants that I have been exposed to. They have been very helpful in setting up cases in the operating room, insuring the availability of proper equipment and supplies as well as participating in the procedure itself. They are very dedicated; they are highly trained and thorough.

I can offer my full support on this bill and I would be available to answer any 1st hand questions personally. Please feel free to contact me at my office or my home.

Thank you,



GEORGE BENTZEL, MD
GKB/SM

NORTHERN ROCKIES
Neurosurgeons
PLLC

February 15, 2011

Dear Legislators:

I am a neurosurgeon practicing in Billings, Montana. My partners and I have long utilized Registered Nurse First Assists as our first assistants in surgery. We have been blessed to have some superbly trained RNFAs with extensive experience in neurologic procedures. We find them to be invaluable in our work. In delicate neurosurgical procedures, a well-trained second set of hands is almost a prerequisite for many of the cases we do.

Unfortunately, over time we have been less and less able to bill for their services. Because of that, it has given us difficulty in the sense that we have had to let one of our RNFAs go simply because we can no longer generate the income to continue their salary.

The only options are to have an inexperienced first assist that is supplied by the hospital for very delicate procedures, or to hire a Physician's Assistant. While Physician's Assistants are good and well trained typically, much of their training is on the clinical side in the office setting, much more so than in the operating setting. Thus, Physician's Assistants have to be trained. They are reimbursed at a higher rate because of their greater clinical training than RNFAs. Therefore, they are more expensive to maintain by the payers.

I strongly lend my support to legislation which supports wide reimbursement for the use of RNFAs in surgery. They can be reimbursed at a lower rate than PAs and thus be an overall savings to the system and we can have assistants that are specifically trained

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for that position rather than spend so much time training for the office setting which can be unutilized in the operating room setting. This would also bring us in line with many other states who support reimbursement for RNFAs as first assists.

I would be happy to speak at greater length if requested.

Very sincerely yours,



Michael L. Copeland, M.D., Ph.D.

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RNFA Reimbursement Language

Last updated: 1/26/09

Colorado:

Colorado Revised Statutes, Title 10, Article 16, Part 1, § 10-16-104

- (B) The licensed persons who may not be denied reimbursement pursuant to subparagraph (A) of this subparagraph (I) shall include registered professional nurses and licensed clinical social workers. However, such inclusion shall not be interpreted as enlarging the scope of professional nursing or licensed clinical social worker practice. For purposes of this subsection (7), "licensed clinical social worker" shall have the meaning set forth in subparagraph (III) of paragraph (b) of subsection (5) of this section.

Florida:

Florida Statutes, Title XXXII, Chapter 464, Part 1, § 464.027

- (1) Legislative Intent – The purposes of this section are to:
- a. Encourage the use of registered nurse first assistants
 - b. Provide for reimbursement for the registered nurse first assistant from managed health care agencies, state agencies, workers' compensation carriers, and private insurance companies.

Florida Statutes, Title XXXVII, Chapter 627, Part II, § 627.419

- (6) Notwithstanding any other provision of law, when any health insurance policy, health care services plan, or other contract provides for payment for surgical first assisting benefits or services, the policy, plan, or contract is to be construed as providing for payment to a registered nurse first assistant or employers of a physician assistant or nurse first assistant who performs such services that are within the scope of a physician assistant's or a registered nurse first assistant's professional license. The provisions of this subsection apply only if reimbursement for an assisting physician, licensed under chapter 458 or chapter 459, would be covered and a physician assistant or a registered nurse first assistant who performs such services is used as a substitute.

Georgia:

Georgia Code, Title 13, Chapter 24, Article 1, § 33-24-59.9

- (a) This Code section shall be known and may be cited as the "Registered Nurse First Assistant Consumer Act."
- (b) It is the intent of the General Assembly to:
- (1) Encourage the continued use of registered nurse first assistants who meet the qualifications of this Code section as "assistants at surgery" by physicians and surgical facilities to provide quality, cost-effective surgical intervention to health care recipients in the state; and
 - (2) Establish policies within managed health care agencies, workers' compensation carriers, and all private insurance companies to provide for adequate and justifiable reimbursement for the registered nurse first assistant for services rendered.
- (c) As used in this Code section, the term:

- (1) "Health benefit policy" means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, or renewed in this state, including, but not limited to, those policies, plans, or contracts executed by the State of Georgia on behalf of state employees under Article 1 of Chapter 18 of Title 45, by a health care corporation, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, workers' compensation insurance carrier in accordance with Chapter 9 of Title 34, or other insurer or similar entity.
 - (2) "Insurer" means an accident and sickness insurer, fraternal benefit society, hospital service corporation, workers' compensation insurance carrier, medical service corporation, health care corporation, health maintenance organization, managed care plan other than a dental plan, or any similar entity authorized to issue contracts under this title, but shall exclude any state program funded under Title XIX of the federal Social Security Act, 42 U.S.C.A. Section 1396, et seq., and any other publicly funded state health care program.
- (d) Notwithstanding any provisions in policies or contracts which might be construed to the contrary, whenever any health benefit policy which is issued, executed, or renewed in this state on or after July 1, 2001, provides that any of its benefits are payable to a surgical first assistant for services rendered, the insurer shall be required to directly reimburse any registered nurse first assistant who has rendered such services at the request of a physician and within the scope of a registered nurse first assistant's professional license. This Code section shall not apply to a registered nurse first assistant who is employed by the requesting physician or renders such services in the capacity as an employee of the hospital where services are rendered.

Illinois:

Illinois Compiled Statutes, Chapter 210, Act 85, § 10.7

[Similar provision for Ambulatory Surgical Centers at Act 5, § 6.5]

- (2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatrist licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted at the hospital. A licensed physician, dentist, or podiatrist may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatrist, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate non-physician

modifier rate if the payor would have made payment had the same services been provided by a physician.

Kentucky:

Kentucky Revised Statutes, Title XXV, Chapter 304, Subtitle 17A, §304.17A-146
Notwithstanding any provision of law, a health plan issued or renewed on or after July 15, 2000, that provides coverage for surgical first assisting benefits or services shall be construed as providing coverage for a registered nurse first assistant who performs services that are within the scope of practice of the registered nurse first assistant.

Louisiana:

Louisiana Revised Statutes, Title 22, Chapter 1, Part 5, § 215.24

A. Any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, health maintenance organization subscriber agreement, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan and a self-insurance plan that provides medical and surgical benefits which are delivered, issued for delivery, or renewed in this state on or after January 1, 2004, shall not deny coverage of perioperative services rendered by a registered nurse first assistant if the insurer covers the same such first assistant perioperative services when they are rendered by an advanced practice nurse, a physician assistant, or a physician other than the operating surgeon. Payments to RNFAs for such services shall be subject to the same credentialing and contracting requirements that apply to other health care providers paid for such services.

Maine:

Maine Revised Statutes, Title 24, Chapter 19, Subchapter I, § 2332-L

3. Required coverage for services. Notwithstanding any other provisions of this chapter, a nonprofit hospital and medical service organization that issues individual and group health care contracts that provide coverage for surgical first assisting benefits or services shall provide coverage and payment under those contracts to a registered nurse first assistant who performs services that are within the scope of a registered nurse first assistant's qualifications. The provisions of this subsection apply only if reimbursement for an assisting physician would be covered and a registered nurse first assistant who performed those services is used as a substitute.

Maryland:

Code of Maryland, Title 15, Subtitle 7, § 15-701

(2) Notwithstanding any other provision of a policy, contract, or certificate subject to this subsection, if the policy, contract, or certificate provides for reimbursement for a service that is within the lawful scope of practice of a health care provider licensed under the Health Occupations Article, the insured or any other person covered by or entitled to reimbursement under the policy, contract, or certificate is entitled to reimbursement for the service.

Minnesota:

Minnesota Statutes, Chapter 62A, § 62A.3092

Subd. 2. Requirement. Coverage described in subdivision 1 that provides for payment for surgical first assisting benefits or services shall be construed as providing for payment for a registered nurse who performs first assistant functions and services that are within the scope of practice of a registered nurse.

New Jersey:

13:35-4.1 Major surgery; qualified first assistant

- (a) A major surgical procedure is one with a substantial hazard to the life, health or welfare of a patient. By way of example, but not limitation, a major surgical procedure includes:
 - (1) A procedure in which an opening is made into any of the three major body cavities (abdomen, chest or head), exclusive of Endoscopic approaches which explore existing channels and involve no transverse of a body wall (for example, bronchoscopy, colonoscopy) or are exclusively diagnostic (for example, laparoscopy, colposcopy). With respect to non-diagnostic Endoscopic procedures requiring the transverse of a body wall, a duly qualified first assistant shall be immediately available in the operating suite;
 - (2) A procedure performing a major amputation;
 - (3) A procedure performed where the locality, the condition, the difficulty or the length of time required to operate would constitute a direct hazard to the life of the patient.
- (b) A major surgical procedure shall be performed by a duly qualified surgeon with a duly qualified assisting physician who may be a duly qualified resident in or rotating through a training program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.
- (c) In addition to those individuals listed in (b) above who may act as qualified first assistants, in a health care facility licensed by the Department of health, a duly qualified registered nurse first assistant (RNFA) or a duly qualified physician assistant may so act.
- (d) A duly qualified surgeon, duly qualified assistant physician, duly qualified resident, duly qualified registered nurse first assistant or duly qualified physician assistant shall be determined by the hospital credentials committee in conjunction with the chairman or chief of the appropriate committee in conjunction with the chairman or chief of the appropriate department or division consistent with the requirements of law or applicable rule.
- (e) It shall be the responsibility of each medical staff to promulgate appropriate rules to fully and carefully implement the requirements of (b), (c), and (d) above by determining which procedures shall be considered major surgery in accordance with (a) above, and determining the credentials of each individual qualified to act as first assistant for any given major surgical procedure. The medical staff and hospital board of trustees shall assure compliance by the

individual first assistants with this rule of the Board and the rules of the hospital or other facility licensed by the Department of health.

- (f) In all instances in which a registered nurse first assistant or a physician assistant may act as first assistant pursuant to (c) above, the operation surgeon shall have discretion to determine whether to utilize such an individual as a first assistant, despite the fact that they are permitted to so act pursuant to this rule.
- (g) In the event of incapacity or unavailability of the operating surgeon during a major surgical procedure, the functions of a first assistant who is not a physician shall be limited to maintaining the status of the patient while a substitute operating surgeon is summoned, except in matters of dire emergency. "Dire emergency" shall include only those circumstances posing a significant risk of imminent death or serious bodily injury to the patient, such as uncontrolled bleeding.

See also http://www.state.nj.us/dobi/bulletins/blt05_17.pdf

Oregon:

HB3329 – Enacted 7/22/05

An insurer offering a health insurance policy that provides coverage for hospital, medical, or surgical expenses, other than coverage limited to expenses from accidents or specific diseases, shall provide payment or reimbursement for professional services performed by a registered nurse whose certification as a registered nurse first assistant has been recognized by the Oregon State Board of Nursing under Section 5 of this 2005 Act.

Rhode Island:

General Laws of Rhode Island, Title 27, Chapter 18, § 27-18-48.1 (Accidents and Sickness Insurance Policies)

[Very similar provisions for nonprofit hospitals, nonprofit medical corporations, and HMOs found at: § 27-19-40.1, § 27-20-35.1, and § 27-41-49.1 respectively]

- (a) Every individual or group hospital or medical services plan contract delivered, issued or renewed by an insurer or nonprofit health service corporation which provides benefits to individual subscribers and members within the state, or to all group members having a principal place of employment within the state, shall provide benefits for services rendered by a registered nurse first assistant designated as a registered nurse first assistant provided, however, that the following conditions are met:
 - (1) The registered nurse first assistant provides certain health care services under the supervision of a licensed physician; is currently licensed as a registered nurse in Rhode Island; has successfully completed a course in preparing the registered nurse as a first assistant in accordance with the Association of Operating Room Nurses core curriculum guide for the registered nurse first assistant and includes a minimum of one academic year in a college or university with didactic instruction and clinical internship programs; and is certified in perioperative nursing by the

Certification Board Perioperative Nursing (minimum of two years perioperative experience);

- (2) The policy or contract currently provides benefits for identical services rendered by a provider of health care licensed by the state; and
 - (3) The registered nurse first assistant is not a salaried employee of the licensed hospital or facility for which the accident and sickness insurer has an alternative contractual relationship to fund the services of a registered nurse first assistant.
- (b) It shall remain within the sole discretion of the accident and sickness insurer as to which registered nurse first assistant it shall contract with. Reimbursement shall be provided according to the respective principles and policies of the health maintenance organization; provided, however, that no accident and sickness insurer may be required to provide direct reimbursement, or pay for duplicative services actually rendered by a registered nurse first assistant and any other health care provider. Nothing contained in this section shall preclude the health maintenance organization from conducting managed care, medical necessity or utilization review.
- (c) This section shall not apply to insurance coverage providing benefits for: (1) hospital confinement indemnity; (2) disability income; (3) accident only; (4) long term care; (5) Medicare supplement; (6) limited benefit health; (7) specified disease indemnity; (8) sickness or bodily injury or death by accident or both; and (9) other limited benefit policies.

Texas:

Texas Statutes and Code, Insurance Code:

Title 6, Subtitle C, Chapter 843, Subchapter I, § 843.3045 – A health maintenance organization may not refuse to contract with a nurse first assistant, as defined by Section 301.1525, Occupations Code, to be included in the provider's network or refuse to reimburse the nurse first assistant for a covered service that a physician has requested the nurse first assistant to perform.

[Similar provision at § 1301.201 for preferred providers]

§ 1451.104. Nondiscriminatory payment or Reimbursement; Exception

Texas Statutes and Code, Labor Code

Title 5, Subtitle A, Chapter 408, Subchapter B, § 408.029 – § 1451.104.

NONDISCRIMINATORY PAYMENT OR REIMBURSEMENT; EXCEPTION.

- (a) An insurer may not classify, differentiate, or discriminate between scheduled services or procedures provided by a health care practitioner selected under this subchapter and performed in the scope of that practitioner's license and the same services or procedures provided by another type of health care practitioner whose services or procedures are covered by a health insurance policy, in regard to:
- (1) the payment schedule or payment provisions of the policy; or
 - (2) the amount or manner of payment or reimbursement under the policy.

- (b) An insurer may not deny payment or reimbursement for services or procedures in accordance with the policy payment schedule or payment provisions solely because the services or procedures were performed by a health care practitioner selected under this subchapter.
- (c) Notwithstanding Subsection (a), a health insurance policy may provide for a different amount of payment or reimbursement for scheduled services or procedures performed by an advanced practice nurse, nurse first assistant, licensed surgical assistant, or physician assistant if the methodology used to compute the amount is the same as the methodology used to compute the amount of payment or reimbursement when the services or procedures are provided by a physician. Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

Washington:

Revised Code of Washington, Title 48, Chapter 48.41, § 48.41.110

- (3) The health insurance policy issued by the pool shall pay only reasonable amounts for medically necessary eligible health care services rendered or furnished for the diagnosis or treatment of illnesses, injuries, and conditions which are not otherwise limited or excluded. Eligible expenses are the reasonable amounts for the health care services and items for which benefits are extended under the pool policy. Such benefits shall at minimum include, but not be limited to, the following services or related items:
 - (b) Professional services including surgery for the treatment of injuries, illnesses, or conditions, other than dental, which are rendered by a health care provider, or at the direction of a health care provider, by a staff of registered or licensed practical nurses, or other health care providers.

West Virginia (Medicaid only):

West Virginia Code, Chapter 9, Article 4B, § 9-4B-4

- (c) Nothing in this section gives the board the authority to interfere with the discretion and judgment given to the single state agency that administers the state's medicaid program. If the single state agency disapproves the recommendations or adjustments to the fee schedule, it is expressly authorized to make any modifications to fee schedules as are necessary to ensure that total financial requirements of the agency for the current fiscal year with respect to the state's medicaid plan are met and shall report the same to the joint committee on government and finance on a quarterly basis: *Provided*, That the single state agency shall provide reimbursement for the services of a registered nurse first assistant which reimbursement shall be no less than thirteen and six tenths of one percent of the rate for a surgeon physician. The purpose of the board is to assist and enhance the role of the single state agency in carrying out its mandate by acting as a means of communication between the medicaid provider community and the agency.

RNFA Scope of Practice by State

Last updated: 3/28/07

NA = Not Available

ALABAMA: Alabama Board of Nursing, Chapter 610-X-6, Standards of Nursing Practice, 610-X-6.12, Registered Nurse as Surgical First Assistant.

(3) When directed by the attending surgeon, the RNFA intra-operative functions include but are not limited to:

- (a) positioning the patient, preparing and draping the surgical site.
- (b) providing exposure, retraction, and hemostasis.
- (c) use and handling of surgical instrumentation.
- (d) tissue handling, dissection, suturing, and stapling.
- (e) making the skin nick or stab wound for laparoscopic surgery or drains excluding placement of trocar for laparoscopic access.
- (f) securing drains.
- (g) closing of wounds external to the fascia.
- (h) harvesting extremity veins and closure of the resulting wounds.

(4) Functions for the RNFA that are not listed in these rules shall be defined in standardized procedures. Approval by the Board is required prior to implementation of RNFA standardized procedures for all practice settings.

(6) The RNFA shall not function as a scrub nurse concurrently with responsibility as a surgical first assistant.

ALASKA: NA

ARIZONA: Arizona State Board of Nursing, Advisory Opinion, App'd 10/87, Rev'd 7/04

It is within the scope of practice of a Registered Nurse First Assistant (RNFA), who possesses the necessary knowledge, judgment, and skills, to act as an RNFA to the physician during surgical procedures.

The Board of Nursing endorses the 2004 AORN official statement on RNFAs.

- A. The RNFA is not authorized to perform a surgical procedure, which is the primary purpose of the surgery, or to perform organ transplants.
- B. The RNFA will comply with the policies as delineated by the employer/facility and meet the requirements of the credentialing review committee (if any).

ARKANSAS: NA

CALIFORNIA: State of California Department of Consumer Affairs, Board of Registered Nursing, NPR-B-18 5/98: "The RN as First Assistant to the Surgeon"

F. The RNFA may perform technical functions:

1. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
2. Provide retraction by:
 - a. Closely observing the operative field at all times.
 - b. Demonstrating stamina for sustained retraction.
 - c. Retaining manually controlled retractors in the position set by the surgeon with regard to surrounding tissue.
 - d. Managing all instruments in the operative field to prevent obstruction of the surgeon's view.
 - e. Anticipating retraction needs with knowledge of the surgeon's preferences and anatomical structures.
3. Provide hemostasis by:
 - a. Applying electrocautery tip to clamps or vessels in a safe and knowledgeable manner as directed by the surgeon.
 - b. Sponging and utilizing pressure as necessary.
 - c. Utilizing suctioning techniques.
 - d. Applying clamps on superficial vessels and the tying off, electrocoagulation of them as directed by the surgeon.
 - e. Placing suture ligatures in the muscle, subcutaneous, and skin layers.
 - f. Placing hemoclips on bleeders as directed by the surgeon.
4. Perform knot tying by:
 - a. Having knowledge of the basic techniques.
 - b. Tying knots firmly to avoid slipping.
 - c. Avoiding undue friction to prevent fraying of suture.
 - d. Carrying knot down to the tissue with the tip of the index finger and laying the strands flat.
 - e. Approximating tissue rather than pulling tightly to prevent tissue necrosis.
5. Provide closure of layers by:
 - a. Correctly approximating the layers under the direction of the surgeon.
 - b. Demonstrating a knowledge of different types of closure.
 - c. Correctly approximating skin edges when utilizing skin staples.
6. Assist the surgeon at the completion of the procedure by:
 - a. Affixing and stabilizing all drains.
 - b. Cleaning the wound and applying the dressing.
 - c. Assist with applying casts or plaster splints.

COLORADO: NA

CONNECTICUT: Department of Health Services, State of Connecticut, Bureau of Health System Regulation, Division of Medical Quality Assurance, Declaratory Ruling adopted on November 7, 1988.

1. The registered nurse in Connecticut who acts as a first assistant in the operating room does function within the scope of nursing as defined in Connecticut General Statutes Section 20-87a if;
2. The nurse is competent to practice as a RNFA as measured by education, training and experience and if;
3. The surgeon provides supervision appropriate to the complexity of the surgery and appropriate to the education, training and experience of the RNFA.

“...The Department adopts the standards espoused by the Association of Operating Room Nurses. AORN Journal, December 1980, Vol. 32, No. 6; September 1984, Vol. 40, No 3; and May 1987, Vol. 45, No. 5 (Exhibit No. 11). Should the standards as espoused by the association of operating room nurses be modified by that association, this declaratory ruling should be read to incorporate the standards as so modified by that association. Therefore, the following is adopted as the standard in Connecticut.”

Scope of Practice

Under the direct and constant supervision of the operating physician:

1. Tissue handling,
2. Providing exposure,
3. Using instruments,
4. Suturing,
5. Providing hemostasis.

DELAWARE: NA

FLORIDA: The Florida 2005 Statutes, Regulation of Professions and Occupations, Chapter 464, § 464.027, Registered Nurse First Assistants.

- (4) INSTITUTIONAL POWERS.--Each health care institution must establish specific procedures for the appointment and reappointment of registered nurse first assistant staff members and for granting, renewing, and revising their clinical privileges.

GEORGIA: Statutes and Regulations do not specify scope of practice for RNFAs but a qualification is that they have completed an AORN approved educational program. They may defer to AORN for scope of practice. On GA RN Scope of Practice Decision Tree: “Professional Standards of Practice (generally found through professional and specialty organizations (ANA, GNA, etc.)”

HAWAII: NA

IDAHO: Idaho State Board of Nursing, IDAPA 23.01.01, Rules of the Idaho Board of Nursing, 402 – Licensed Professional Nurse Functioning in Specialty Areas.

b. Surgical First Assistants. A surgical first assistant is a licensed professional nurse who, under direct supervision, assists the operating surgeon.

i. Nurses acting as surgical first assistants may not concurrently serve as scrub or instrument nurses.

ii. A licensed professional nurse first surgical assistant in cardiovascular surgery may harvest saphenous veins after completing additional educational instruction acceptable to the board and supervised practice under direct supervision of the operating physician.

ILLINOIS: NA

INDIANA: NA

IOWA: NA

KANSAS: NA

KENTUCKY: Kentucky Board of Nursing, Advisory Opinion Statement, Approved 10/84, Rev'd 2/05.

After study of the issues and concerns regarding both the role and scope of practice of registered nurses who act as first assistants to the physician during surgical procedures, the Kentucky Board of Nursing issued the following opinions:

- 1) It is within the scope of registered nursing practice for a registered nurse who possesses substantial, specialized knowledge and technical skill to act as an RN first assistant to the physician who is immediately available and onsite during surgical procedures.
- 2) In no event should the RN first assistant be expected to replace or assume the responsibilities of the physician performing the surgical procedure, but may accept appropriate responsibility if the physician becomes incapacitated by protecting the surgical wound, maintaining homeostasis, and maintaining sterility of the operative field until the replacement physician accepts responsibility for procedures completion.
- 3) Registered nurses who perform first assistant acts should:
 - A. Possess an in-depth knowledge of perioperative and intraoperative nursing practice;
 - B. Be knowledgeable of the potential complications and adverse reactions, which may result from such acts;
 - C. Possess the knowledge and skill to recognize adverse reactions and to take appropriate action as directed by the physician;
 - D. Perform acts which are in accordance with: 1) the established written agency policies and procedures, 2) the definition of "registered nursing practice" as stated in KRS 314.011(6), 3) evidence-based practice, and 4)

the scope of practice of RN First Assistants as established by Association of Operating Room Nurses.

Further, it was the advisory opinion of the Board that handling and/or tissue cutting for performance of small skin lesion excision and punch biopsy are within the scope of registered nursing practice for the registered nurse who possesses substantial, specialized knowledge and current clinical competency in the performance of the procedures. The procedures should be preformed under the supervision of a physician who is onsite and immediately available to the nurse.

LOUISIANA: Louisiana Board of Nursing, Declaratory Statement for Registered Nurse First Assistants, Adopted 5/31/85, Revised 3/19/87; 2/4/98.

In accord with LRS 37:913(14)(l) and LAC 46:XLVII.3703.A registered nurses may perform additional activities beyond those taught in basic nursing education programs.

Scope of Practice - The registered nurse serving as first assistant is a part of perioperative nursing practice. Perioperative nursing is a specialized area of practice. The activities included in first assisting are further refinement of perioperative nursing practice which are executed within the context of the nursing process. The RNFA collaborates with the surgeon in performing a safe operation to promote optimal patient outcomes and does not concurrently function as a scrub nurse. The observable intraoperative nursing behaviors are based on an extensive body of scientific knowledge and may include:

- handling tissue;
- providing exposure;
- using instruments; suturing; and
- providing hemostasis.

MAINE: Maine State Board of Nursing

At its December, 1995 meeting, the Board adopted the Association of Operating Room Nurses (AORN) Recommended Education Standards for RN First Assistant Programs, and determined that an advanced practice registered nurse does not automatically qualify as a registered nurse first assistant in the operating room but must meet the same requirements as set forth in the AORN's recommended standards.

The Board at its February 16-17, 1994 meeting reiterated its position with respect to RN First Assistants and percutaneous endoscopic gastrostomy. The RN First Assist may assist during surgery, but may NOT perform this procedure.

The Board at its June 15-16, 1993 meeting determined that it is not within the scope of practice of a RN First Assistants to (1) take histories and perform physical exams; (2) make patient rounds; and (3) write medical orders.

The Board at its February 16-17, 1994 meeting clarified that the intent of the Board was to disallow the RN First Assistant in the O.R. from being utilized as a

physician extender, i.e. performing the history and physical examination that is clearly the physician's responsibility.

MARYLAND: Maryland Board of Nursing, Declaratory Ruling 94-3, June 28, 1994
The expanded nursing role of the Registered Nurse First Assistant encompasses pre-operative, intraoperative, and post-operative functions. The Registered Nurse First Assistant functions include pre-operative patient assessment, patient teaching and staff teaching. The Registered Nurse First Assistant intra-operative functions include, but are not limited to:
positioning, prepping and draping; aiding in exposure; retraction; hemostasis; use and handling of surgical instrumentation; and, tissue handling including dissecting, suturing, tying, stapling, and stab wound (nick) for laparoscopy surgery or drains. The Registered Nurse First Assistant post-operative functions include patient evaluation, evaluation of diagnostic and/or laboratory studies, resource for patient pain management, and patient and staff teaching.

MASSACHUSETTS: Massachusetts Board in the Regulation of Nursing, Advisory Ruling on Nursing Practice, Feb. 1986, Rev'd May 2002.

The RNFA scope of practice includes the;

Pre-operative Phase including but not limited to:

- Pre-admission assessment
- Patient & Family Education
- Patient & Family Interview
- Immediate preoperative assessment
- Review of patient data
- Collaboration & Communication with the OR staff

Intra-operative Phase including but not limited to:

- Handling tissue
- Providing exposure
- Using instruments
- Suturing and providing hemostasis

* The RNFA shall not concurrently function as a scrub nurse

Post-operative Phase including but not limited to:

- Communication to the PACU staff
- Assist with PACU monitoring
- Writing transfer notes
- Daily rounds (may include wound management, dressing changes, suture and/or drain removal, other type of catheter & IV removal and as ordered by the duly authorized prescriber)

MICHIGAN: NA

MINNESOTA: NA

MISSISSIPPI: Mississippi Board of Nursing, Frequently Asked Questions

The appropriately prepared registered nurse may function in the role of RNFA according to the position statement adopted by the AORN.

The Board has determined two tasks, suturing and procurement of the saphenous vein, belong solely to the RNFA.

As additional education and education are required to obtain the necessary technical skills and knowledge to function as the assistant to the surgeon during an operation, advanced surgical assisting skills are outside the scope of practice the registered nurse.

MISSOURI: NA

MONTANA: Montana Board of Nursing, Declaratory Ruling, May 28, 1992

The role of an RN first assistant in preoperative preparation, intraoperative assistance and postoperative duties comes within the statute as administration of treatments authorized by physicians.

The institution employing the RN as first assistant has a specific written policy regarding the circumstances in which registered professional nurses may perform as first assistants and specifying the qualifications and training necessary to perform as first assistants.

NEBRASKA: Nebraska Board of Nursing, Advisory Opinion, App'd 1/99, Reaff'd 2000

The Nebraska Board of Nursing supports the AORN Official Statement on RN First Assistants. The board supports the Scope of Practice statement that includes the intraoperative nursing behaviors of a) handling tissue, b) providing exposure, c) using instruments, d) suturing, and e) providing hemostasis.

NEVADA: Nevada State Board of Nursing. Practice Decision. Scope of Practice of RNFA. Preparing/harvesting saphenous vein. For coronary artery bypass grafting Adopted by the Nevada State Board of Nursing March 16, 2005

If the RN is a Registered Nurse First Assistant, prepare/harvest a saphenous vein for coronary artery bypass grafting. This procedure is within the scope of nursing for a Registered Nurse First Assistant (RNFA) and/or a Certified Registered Nurse First Assistant (CRNFA) provided the following guidelines are followed (The nurse in the following text refers to either the RNFA or the CRNFA):

1. The nurse must have successfully completed an RN First Assistant program that meets the "AORN Education Standards for RN First Assistant Programs" and a clinical preceptorship devoted to the application of knowledge and clinical skills associated with the process of harvesting a coronary conduit/saphenous vein. The nurse must maintain documentation of competency and maintain current CNOR certification.
2. The nurse will use surgical instruments to perform dissection or manipulate tissue as directed by the surgeon to accomplish the preparation/harvest of saphenous vein.

3. As part of informed consent, the patient or responsible party is informed that a registered nurse will be practicing as a first assistant at surgery and performing the procedure.
4. The nurse is competent to perform the procedure and has the documented and demonstrated knowledge, skill and ability to perform the procedure pursuant to NAC 632.071, 632.224, and 632.225.
5. There are agency policies and procedures, a provision for privileging and required protocols in place for the nurse to perform the procedure.
6. The nurse maintains accountability and responsibility for nursing care related to post-operative follow up for the procedure and follows the accepted standard of care which would be provided by a reasonable and prudent nurse.
7. The procedure is performed interdependently by the surgeon and the nurse. The surgeon must be in attendance while the nurse performs this procedure.

NEW HAMPSHIRE: New Hampshire Board of Nursing, Frequently Asked Questions

Question: What is the Scope of Practice of an RNFA?

Answer: The decision by a RN to practice as an RNFA must be voluntary and deliberated with an understanding of the professional accountability the role entails. The intraoperative nursing behaviors of the RNFA may include:

- handling tissue,
- providing exposure,
- using instruments,
- suturing, and
- providing hemostasis.

Note: An RNFA should not concurrently function as a scrub nurse.

NEW JERSEY: New Jersey Administrative Code, Title 13- Law and Public Safety, Chapter 45 – Board of Medical Examiners, Subchapter 4 – Surgery.

§ 13:35-4.1 Major surgery; qualified first assistant

(b) A major surgical procedure shall be performed by a duly qualified surgeon with a duly qualified assisting physician who may be a duly qualified resident in or rotating through a training program approved by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association.

(c) In addition to those individuals listed in (b) above who may act as qualified first assistants, in a health care facility licensed by the Department of Health and Senior Services, a duly qualified registered nurse first assistant (RNFA), a duly qualified physician assistant or a licensed podiatric physician may so act. A duly qualified certified nurse midwife (CNM) may also act as a qualified first assistant in the performance of cesarean sections. For purposes of this subsection, a licensed CNM shall be deemed to be "duly qualified" provided that the CNM has taken and passed a 30-hour didactic training course that includes anatomy,

physiology, surgical technique (including wound closure), and direct observation of cesarean sections. Following the completion of the course, a CNM shall serve and be supervised as a second assistant on 10 cesarean sections and complete a supervised preceptorship as a first assistant in 20 cesarean sections.

(d) A duly qualified surgeon, duly qualified assistant physician, duly qualified resident, duly qualified registered nurse first assistant, duly qualified physician assistant, or duly qualified certified nurse midwife (CNM) shall be determined by the hospital credentials committee in conjunction with the chairman or chief of the appropriate committee in conjunction with the chairman or chief of the appropriate department or division consistent with the requirements of law or applicable rule.

NEW MEXICO: NA

NEW YORK: Statement on the Role of the RN First Assistant in the Operating Room – New York State Board of Nursing – July 10, 2001

It is within the scope of practice of a registered nurse or a registered nurse who is also a nurse practitioner to function as a First Assistant in surgery, provided that s/he can demonstrate competence through successful completion on additional and training that meets the AORN Recommended Educational Standards for RN-First Assistant Programs, and with the condition that procedures and duties are within and do not exceed the scope of practice of the registered nurse and the nurse practitioner.

NORTH CAROLINA: NA

NORTH DAKOTA: NA

OHIO: Ohio Administrative Code. 3701 – Department of Health, Chapter 3701-84 Quality Standards for Providers of Health Care Service, 3701-84-82 Personnel/staffing.

(C) The provider of a pediatric cardiovascular surgery service shall have competent and qualified staff available, including but not limited to:

(1) Surgical assistants to assist the surgeon. A surgical assistant may consist of a resident, another physician, a registered nurse first assistant, or a specially trained surgical assistant;

OKLAHOMA: Oklahoma Board of Nursing, Declaratory Ruling, Issued 5/96.

The Board finds: 2. The role and scope or responsibilities of the Registered Nurse to perform the duties of the Registered Nurse First Assistant is described in the “Revised AORN Official Statement on RN First Assistants,” adopted April 2, 1998, a copy of which is attached to this ruling and made a part hereof.

OREGON: Oregon State Board of Nursing, Policy Statement, Adopted 1/94, Reaffirmed 2/99: Registered Nurses as First Assistants in Surgery.

The Oregon State Board of Nursing acknowledges that it is within the role and the scope of practice for a registered nurse to perform the duties of first assistant in surgery.

In the role of the first assistant, the registered nurse may perform such functions as handling tissue, providing exposure using instruments, suturing, providing hemostasis, applying clamps, tying knots, suturing skin and subcutaneous tissue. While in the role of first assistant, the registered nurse may not concurrently serve as a scrub or circulating nurse.

PENNSYLVANIA: NA

RHODE ISLAND: NA

SOUTH CAROLINA: South Carolina Department of Labor, Licensing and Regulation, Board of Nursing, Advisory Opinion, Formulated July 31, 1987, Rev'd 2/2003.

The Board of Nursing for South Carolina acknowledges that it is within the role and scope of responsibilities of the RN to perform the duties of the Registered Nurse First Assistant (RNFA) as described in the 1998 Association of periOperative Registered Nurses (AORN) Official Statement on Registered Nurse First Assistants, and as the "expanded role" is defined in the Laws Governing Nursing in South Carolina, Section 91-3.

SOUTH DAKOTA: South Dakota Board of Nursing, Advisory Opinion, April 1993.

The South Dakota Board of Nursing acknowledges that the role of the Registered Nurse First Assistant in the Operating Room may be within the scope of practice of the registered nurse, with additional training, continued competence, and supervision by a physician.

TENNESSEE: Tennessee Board of Nursing, Position Statements, 6/87, Reaffirmed 12/01 – Page 9 – First Assistants.

The Tennessee Board of Nursing believes the RN surgical first assistant is a category in which the RN functions in a role that is an extension of an M.D. surgeon or dentist and that the RN first assistant is performing a delegated medical function during surgical procedures.

To reiterate, we believe the RN first assistant is performing a delegated medical function during a surgical procedure.

The Board, in considering the entire perioperative period, takes the position that the pre and post operative instruction of client and family is a nursing function and is addressed in the Nurse

Practice Act of the State of Tennessee.

TEXAS: Texas Administrative Code, Title 22 - Examining Boards, Part 11 - Board of Nurse Examiners, Chapter 217 - Licensure, Peer Assistance and Practice, Rule § 217.18 - Registered Nurse First Assistants.

(3) The registered nurse whose functions include acting as a first assistant in surgery shall know and conform to the Texas Nursing Practice Act; current Board rules, regulations, and standards of professional nursing; and all federal, state and local laws, rules, and regulations affecting the RNFA specialty area. When collaborating with other health care providers, the RNFA shall be accountable for knowledge of the statutes and rules relating to RNFAs and function within the scope of the registered nurse.

(4) A registered nurse functioning as a first assistant in surgery shall comply with the standards set forth by the AORN.

UTAH: NA

VERMONT: Vermont State Board of Nursing, Advisory Opinions, October 1998, Registered Nurse First Assistant.

A Registered Nurse First Assistant serves as a part of perioperative nursing practice.

First assisting is an intra-operative skill as well as a delegated medical function. The first assistant must be able to assess, plan, implement, and evaluate patient care, as well as, perform specific intraoperative skills.

It is the opinion of the Vermont State Board of Nursing that the role of the First Assistant is within the scope of practice of the RN provided:

1. the RN has received appropriate education which emanates from a recognized body of knowledge
2. the RN meets the criteria established by the Association of Operating Room Nurses (AORN) and is certified as an RN First Assistant.
3. the RN has demonstrated adequate knowledge and skill in performing the role
4. the RN has demonstrated continuing competency in performing the role
5. the agency/facility has established policies and procedure regarding the role of first assistant
6. guidelines for emergency situations are well established

VIRGINIA: Virginia Board of Nursing, Guidance Documents #90-1, November 1983, RN/LPN as First Assistant in Surgery.

Registered Nurses may serve as first assistant in surgery in cases compatible with their preparation and experience.

The medical staff, hospital administration and nursing service department of any hospital that permits registered nurses to serve as first assistant in surgery shall have mutually agreed upon written policies under which the registered nurse may

safely act as a first assistant. The policies should include qualifications of nurses who may act in this capacity, the types of surgical procedures in which they may act in this capacity and prohibitions.

WASHINGTON: Washington State Department of Health, Health Professions Quality Assurance, Nursing Care Quality Assurance Commission, Position Statement, Adopted March 19, 2001 - RNFA: Registered Nurse First Assistant at Surgery.

The Registered Nurse (RN) can function in the position of First Surgical Assistant, as long as the nurse stays within the scope of practice of the Registered Nurse license and practices in collaboration with and under the on-site supervision and direction of a surgeon. The RN First Assistant does not concurrently function as a scrub nurse.

The activities included in first assisting are further refinements of perioperative nursing practice, which are executed within the context of the nursing process. The observable nursing behaviors are based on an extensive body of scientific knowledge.

The intraoperative nursing behaviors may include, but are not limited to:

- handling tissue
- providing exposure
- using instruments
- suturing, and
- providing hemostasis.

It is not within the scope of licensed practical nursing to be placed in the role of a first assistant to a surgeon. The first assist nursing role represents a specialized, expanded, scope of practice of the registered nurse, which builds upon the education obtained in the generic nursing program.

WEST VIRGINIA: NA

WISCONSIN: NA

WYOMING: Wyoming State Board of Nursing, Advisory Opinion # 92-48, September 1992, Rev'd 1/04 – RN as First Assistant.

The Board supports the AORN Official statement and qualifications on RN as First Assistant.

Advisory Opinion # 00-99, App'd 6/2000, Rev'd 1/04 – First Assistant – LPN.

The Board reviewed a written request inquiring whether a LPN may be a First Assistant.

Discussion ensued and it was determined that it was not within a LPN's scope of practice as a nurse to be recognized as a first assistant.