HOUSE AMENDMENT

Bill No. HB 599

Amendment No. 1 (for drafter's use only) CHAMBER ACTION Senate House 1 2 3 4 5 ORIGINAL STAMP BELOW 6 7 8 9 10 The Committee on Health Regulation offered the following: 11 12 13 Amendment (with title amendment) 14 Remove from the bill: Everything after the enacting clause 15 and insert in lieu thereof: 16 Section 1. Section 458.3475, Florida Statutes, is 17 created to read: 18 19 458.3475 Anesthesiologist assistants.--20 (1) DEFINITIONS.--As used in this section, the term: (a) "Anesthesiologist" means an allopathic physician 21 22 who holds an active, unrestricted license, who has 23 successfully completed an anesthesiology training program 24 approved by the Accreditation Committee on Graduate Medical Education, or its equivalent, and who is certified by the 25 26 American Board of Anesthesiology or is eligible to take that 27 board's examination. 28 (b) "Anesthesiologist assistant" means a graduate of 29 an approved program who is licensed to perform medical 30 services delegated and directly supervised by a supervising 31 anesthesiologist. 1 File original & 9 copies hcs0005 01/09/02 01:47 pm 00599-hr -973265

"Anesthesiology" means the practice of medicine 1 (C) 2 that specializes in the relief of pain during and after 3 surgical procedures and childbirth, during certain chronic 4 disease processes, and during resuscitation and critical care 5 of patients in the operating room and intensive care 6 environments. 7 "Approved program" means a program for the (d) 8 education and training of anesthesiologist assistants that has 9 been approved by the boards as provided in subsection (5). 10 (e) "Boards" means the Board of Medicine and the Board 11 of Osteopathic Medicine. 12 (f) "Continuing medical education" means courses 13 recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the 14 15 American Osteopathic Association, the American Academy of Anesthesiologist Assistants, the American Society of 16 17 Anesthesiologists, or the Accreditation Council on Continuing 18 Medical Education. 19 (g) "Direct supervision" means supervision by an 20 anesthesiologist who is present in the office or surgical or obstetrical suite and is immediately available to provide 21 22 assistance and direction while anesthesiology services are 23 being performed. 24 "Proficiency examination" means an entry-level (h) examination approved by the boards, including examination 25 administered by the National Commission on Certification of 26 27 Anesthesiologist Assistants. "Trainee" means a person who is currently enrolled 28 (i) 29 in an approved program. 30 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--An anesthesiologist who directly supervises an 31 (a) 2 File original & 9 copies 01/09/02 hcs0005 01:47 pm 00599-hr -973265

anesthesiologist assistant must be qualified in the medical 1 2 areas in which the anesthesiologist assistant performs and is 3 liable for the performance of the anesthesiologist assistant. 4 An anesthesiologist may only supervise two anesthesiologist assistants at the same time. The board may, by rule, allow an 5 anesthesiologist to supervise up to four anesthesiologist б 7 assistants, after July 1, 2006. 8 (b) An anesthesiologist, within 30 days after 9 establishing a supervisory relationship with an 10 anesthesiologist assistant, must file with the board a 11 protocol similar to that in s. 458.348, which must be updated 12 upon the addition or termination of any party or at least 13 annually thereafter. Each anesthesiologist or each member of a 14 group of anesthesiologists must sign the protocol. 15 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--(a) The boards shall adopt by rule the general 16 17 principles that supervising anesthesiologists must use in 18 developing the scope of practice of anesthesiologist 19 assistants, but an anesthesiologist assistant may practice only under the direct supervision of a supervising 20 anesthesiologist. These principles shall recognize the 21 22 diversity of practice settings in which anesthesiologist 23 assistants are used. 24 (b) Nothing in this section or chapter prevents 25 third-party payors from reimbursing employers of anesthesiologist assistants for covered services rendered by 26 27 such anesthesiologist assistants. (c) An anesthesiologist assistant must clearly convey 28 29 to the patient that he or she is an anesthesiologist 30 assistant. 31 (d) An anesthesiologist assistant may perform 3 File original & 9 copies 01/09/02 hcs0005 01:47 pm 00599-hr -973265

anesthesia tasks and services within the framework of a 1 2 written practice protocol developed between the supervising 3 anesthesiologist and the anesthesiologist assistant. 4 (e) An anesthesiologist assistant may not prescribe, order or compound any controlled substance, legend drug or 5 medical device, nor may an anesthesiologist assistant dispense б 7 sample drugs to patients. Nothing in this paragraph prohibits 8 an anesthesiologist assistant from administering legend drugs or controlled substances, intravenous drugs, fluids, or blood 9 10 products, or inhalation or other anesthetic agents to patients 11 that are ordered by the supervising anesthesiologist, and 12 administered while under the direct supervision of the 13 supervising anesthesiologist. PERFORMANCE BY TRAINEES. -- Notwithstanding any 14 (4) 15 other law, a trainee may perform medical services that are rendered within the scope of an approved program. 16 17 (5) PROGRAM APPROVAL. -- The boards shall approve 18 programs for the education and training of anesthesiologist 19 assistants which meet standards established by board rules. 20 The boards may recommend only those anesthesiologist assistant training programs that hold full accreditation or provisional 21 22 accreditation from the Commission on Accreditation of Allied 23 Health Education Programs. (6) 24 ANESTHESIOLOGIST ASSISTANT LICENSURE. --25 Any person desiring to be licensed as an (a) anesthesiologist assistant must apply to the department. The 26 27 department shall issue a license to any person certified by 28 the board to: 29 Be at least 18 years of age. 1. 30 Have satisfactorily passed a proficiency 2. examination with a score established by the National 31 4

Commission on Certification of Anesthesiologist Assistants. 1 2 3. Be certified in advanced cardiac life support. 3 Have completed the application form and remitted an 4. 4 application fee, not to exceed \$1,000, as set by the boards. 5 An application must include: a. A certificate of completion of an approved graduate б 7 level program. 8 b. A sworn statement of any prior felony convictions. c. A sworn statement of any prior discipline or denial 9 10 of licensure or certification in any state. 11 d. Two letters of recommendation from 12 anesthesiologists. 13 (b) A license must be renewed biennially. Each renewal 14 must include: 15 1. A renewal fee, not to exceed \$1,000, as set by the 16 boards. 17 2. A sworn statement of no felony convictions in the 18 immediately preceding 2 years. 19 (c) Each licensed anesthesiologist assistant must 20 biennially complete 40 hours of continuing medical education or hold a current certificate issued by the National 21 22 Commission on Certification of Anesthesiologist Assistants or 23 its successor. 24 (d) An anesthesiologist assistant must notify the 25 department in writing within 30 days after obtaining employment and after any subsequent change in his or her 26 27 supervising anesthesiologist. The notification must include the full name, license number, specialty, and address of the 28 supervising anesthesiologist. Submission of the required 29 30 protocol satisfies this requirement. The Board of Medicine may impose upon an 31 (e) 5

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anesthesiologist assistant any penalty specified in s. 456.072 1 2 or s. 458.331(2) if the anesthesiologist assistant or the 3 supervising anesthesiologist is found guilty of or is 4 investigated for an act that constitutes a violation of this 5 chapter or chapter 456. (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO б 7 ADVISE THE BOARD. --8 (a) The Chairman of the board may appoint an anesthesiologist and an anesthesiologist assistant to advise 9 10 the board as to the promulgation of rules for the licensure of anesthesiologist assistants. The board may utilize a committee 11 12 structure that is most practicable in order to receive any 13 recommendations to the board regarding rules and all matters relating anesthesiologist assistants, including but not 14 15 limited to recommendations to improve safety in the clinical practices of licensed anesthesiologist assistants. 16 17 (b) In addition to its other duties and 18 responsibilities as prescribed by law, the board shall: 19 1. Recommend to the department the licensure of anesthesiologist assistants. 20 2. Develop all rules regulating the use of 21 22 anesthesiologist assistants by qualified anesthesiologists under this chapter and chapter 459, except for rules relating 23 24 to the formulary developed under s. 458.347(4)(f). The board 25 shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards 26 27 shall consider adopting a proposed rule at the regularly scheduled meeting immediately following the submission of the 28 29 proposed rule. A proposed rule may not be adopted by either 30 board unless both boards have accepted and approved the 31 identical language contained in the proposed rule. The 6

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language of all proposed rules must be approved by both boards 1 2 pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. 3 4 (c) When the board finds that an applicant for 5 licensure has failed to meet, to the board's satisfaction, 6 each of the requirements for licensure set forth in this 7 section, the board may enter an order to: 1. Refuse to certify the applicant for licensure; 8 2. Approve the applicant for licensure with 9 10 restrictions on the scope of practice or license; or 11 Approve the applicant for conditional licensure. 3. 12 Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions 13 as the board may specify, including, but not limited to, 14 15 requiring the licensee to undergo treatment, to attend continuing education courses, or to take corrective action. 16 17 (9) PENALTY.--A person who falsely holds himself or 18 herself out as an anesthesiologist assistant commits a felony of the third degree, punishable as provided in s. 775.082 or 19 s. 775.084 or by a fine not to exceed \$5,000. 20 (10) DENIAL, SUSPENSION, OR REVOCATION OF 21 LICENSURE. -- The boards may deny, suspend, or revoke the 22 license of an anesthesiologist assistant who the board 23 24 determines has violated any provision of this section or 25 chapter or any rule adopted pursuant thereto. (11) RULES.--The boards shall adopt rules to implement 26 27 this section. (12) LIABILITY.--A supervising anesthesiologist is 28 29 liable for any act or omission of an anesthesiologist 30 assistant acting under the anesthesiologist's supervision and control and shall comply with the financial responsibility 31 7

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requirements of this chapter and chapter 456, as applicable. 1 2 (13) FEES.--The department shall allocate the fees 3 collected under this section to the board. 4 Section 2. Section 456.048, Florida Statutes, is 5 amended Section 3. Section 459.023, Florida Statutes, is б 7 created to read: 8 459.023 Anesthesiologist assistants.--(1) DEFINITIONS.--As used in this section, the term: 9 10 (a) "Anesthesiologist" means an osteopathic physician who holds an active, unrestricted license, who has 11 12 successfully completed an anesthesiology training program 13 approved by the Accreditation Committee on Graduate Medical Education, or its equivalent, or the American Osteopathic 14 15 Association, and who is certified by the American Osteopathic Board of Anesthesiology or is eligible to take that board's 16 17 examination or who is certified by the American Board of 18 Anesthesiology or is eligible to take that board's 19 examination. (b) "Anesthesiologist assistant" means a graduate of 20 an approved program who is licensed to perform medical 21 22 services delegated and directly supervised by a supervising anesthesiologist. 23 24 (c) "Anesthesiology" means the practice of medicine 25 that specializes in the relief of pain during and after surgical procedures and childbirth, during certain chronic 26 27 disease processes, and during resuscitation and critical care of patients in the operating room and intensive care 28 29 environments. 30 "Approved program" means a program for the (d) education and training of anesthesiologist assistants that has 31 8 File original & 9 copies 01/09/02 hcs0005 01:47 pm

been approved by the boards as provided in subsection (5). 1 2 (e) "Boards" means the Board of Medicine and the Board 3 of Osteopathic Medicine. 4 "Continuing medical education" means courses (f) 5 recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the б 7 American Osteopathic Association, the American Academy of Anesthesiologist Assistants, the American Society of 8 Anesthesiologists, or the Accreditation Council on Continuing 9 10 Medical Education. 11 (g) "Direct supervision" means supervision by an 12 anesthesiologist who is present in the office or surgical or 13 obstetrical suite and is immediately available to provide 14 assistance and direction while anesthesiology services are 15 being performed. (h) "Proficiency examination" means an entry-level 16 17 examination approved by the boards, including examinations 18 administered by the National Commission on Certification of 19 Anesthesiologist Assistants. 20 (i) "Trainee" means a person who is currently enrolled 21 in an approved program. PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST .--22 (2) (a) An anesthesiologist who directly supervises an 23 24 anesthesiologist assistant must be qualified in the medical 25 areas in which the anesthesiologist assistant performs, and is liable for the performance of the anesthesiologist assistant. 26 27 An anesthesiologist may only supervise two anesthesiologist assistants at the same time. The board may, by rule, allow an 28 29 anesthesiologist to supervise up to four anesthesiologist 30 assistants, after July 1, 2006. (b) An anesthesiologist, within 30 days after 31 9

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establishing a supervisory relationship with an 1 2 anesthesiologist assistant, must file with the board a 3 protocol similar to that in s. 458.348, which must be updated 4 upon the addition or termination of any party or at least annually thereafter. Each anesthesiologist or each member of a 5 6 group of anesthesiologists must sign the protocol. 7 PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--(3) 8 (a) The boards shall adopt by rule the general principles that supervising anesthesiologists must use in 9 10 developing the scope of practice of anesthesiologist 11 assistants, but an anesthesiologist assistant may practice 12 only under the direct supervision of a supervising 13 anesthesiologist. These principles shall recognize the 14 diversity of practice settings in which anesthesiologist 15 assistants are used. (b) Nothing in this section or chapter prevents 16 17 third-party payors from reimbursing employers of 18 anesthesiologist assistants for covered services rendered by 19 such anesthesiologist assistants. (c) An anesthesiologist assistant must clearly convey 20 to the patient that she or he is an anesthesiologist 21 22 assistant. (d) An anesthesiologist assistant may perform 23 24 anesthesia tasks and services within the framework of a 25 written practice protocol developed between the supervising anesthesiologist and the anesthesiologist assistant. 26 27 (e) An anesthesiologist assistant may not prescribe legend drugs or medical devices, compound medicines for 28 29 patients, or dispense sample drugs to patients. Nothing in 30 this paragraph prohibits an anesthesiologist assistant from administering legend drugs, narcotics or scheduled drugs, 31 10 File original & 9 copies 01/09/02 hcs0005 01:47 pm

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intravenous drugs, fluids, or blood products, or inhalation or 1 2 other anesthetic agents to patients while under the direct 3 supervision of an anesthesiologist. 4 (4) PERFORMANCE BY TRAINEES. -- Notwithstanding any 5 other law, a trainee may perform medical services that are rendered within the scope of an approved program. б 7 (5) PROGRAM APPROVAL. -- The boards shall approve 8 programs for the education and training of anesthesiologist assistants which meet standards established by board rules. 9 10 The board may recommend only those anesthesiologist assistant 11 training programs that hold full accreditation or provisional 12 accreditation from the Commission on Accreditation of Allied Health Education Programs. 13 ANESTHESIOLOGIST ASSISTANT LICENSURE.--14 (6) 15 (a) Any person desiring to be licensed as an anesthesiologist assistant must apply to the department. The 16 17 department shall issue a license to any person certified by 18 the board to: 19 1. Be at least 18 years of age. 20 2. Have satisfactorily passed a proficiency examination with a score established by the National 21 22 Commission on Certification of Anesthesiologist Assistants. Be certified in advanced cardiac life support. 23 3. 24 Have completed the application form and remitted an 4. 25 application fee, not to exceed \$1,000, as set by the boards. 26 An application must include: 27 a. A certificate of completion of an approved graduate level program. 28 29 b. A sworn statement of any prior felony convictions. 30 c. A sworn statement of any prior discipline or denial 31 of licensure or certification in any state. 11 File original & 9 copies 01/09/02

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Two letters of recommendation from 1 d. 2 anesthesiologists. 3 A license must be renewed biennially. Each renewal (b) 4 must include: 5 1. A renewal fee, not to exceed \$1,000, as set by the 6 boards. 7 2. A sworn statement of no felony convictions in the 8 immediately preceding 2 years. (c) Each licensed anesthesiologist assistant must 9 10 biennially complete 40 hours of continuing medical education 11 or hold a current certificate issued by the National 12 Commission on Certification of Anesthesiologist Assistants or 13 its successor. (d) An anesthesiologist assistant must notify the 14 15 department in writing within 30 days after obtaining employment and after any subsequent change in her or his 16 17 supervising anesthesiologist. The notification must include 18 the full name, license number, specialty, and address of the supervising anesthesiologist. Submission of the required 19 protocol satisfies this requirement. 20 (e) The Board of Osteopathic Medicine may impose upon 21 22 an anesthesiologist assistant any penalty specified in s. 456.072 or s. 459.015(2) if the anesthesiologist assistant or 23 24 the supervising anesthesiologist is found guilty of or is 25 investigated for an act that constitutes a violation of this 26 chapter or chapter 456. 27 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO ADVISE THE BOARD. --28 29 (a) The Chairman of the board may appoint an 30 anesthesiologist and an anesthesiologist assistant to advise the board as to the promulgation of rules for the licensure of 31 12 File original & 9 copies 01/09/02

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anesthesiologist assistants. The board may utilize a committee 1 2 structure that is most practicable in order to receive any 3 recommendations to the board regarding rules and all matters 4 relating anesthesiologist assistants, including but not 5 limited to recommendations to improve safety in the clinical practices of licensed anesthesiologist assistants. б 7 (b) In addition to its other duties and 8 responsibilities as prescribed by law, the board shall: 1. Recommend to the department the licensure of 9 10 anesthesiologist assistants. 11 2. Develop all rules regulating the use of 12 anesthesiologist assistants by qualified anesthesiologists 13 under this chapter and chapter 458, except for rules relating to the formulary developed under s. 458.347(4)(f). The board 14 15 shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards 16 17 shall consider adopting a proposed rule at the regularly scheduled meeting immediately following the submission of the 18 proposed rule. A proposed rule may not be adopted by either 19 board unless both boards have accepted and approved the 20 identical language contained in the proposed rule. The 21 language of all proposed rules must be approved by both boards 22 pursuant to each respective board's guidelines and standards 23 24 regarding the adoption of proposed rules. 25 Make recommendations to the boards regarding all 3. matters relating to anesthesiologist assistants. 26 27 Address concerns and problems of practicing 4. anesthesiologist assistants to improve safety in the clinical 28 29 practices of licensed anesthesiologist assistants. When the board finds that an applicant for 30 (C) licensure has failed to meet, to the board's satisfaction, 31 13 File original & 9 copies 01/09/02 hcs0005 01:47 pm 00599-hr -973265

each of the requirements for licensure set forth in this 1 section, the board may enter an order to: 2 1. Refuse to certify the applicant for licensure; 3 4 2. Approve the applicant for licensure with 5 restrictions on the scope of practice or license; or 6 3. Approve the applicant for conditional licensure. 7 Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions 8 as the board may specify, including, but not limited to, 9 10 requiring the licensee to undergo treatment, to attend continuing education courses, or to take corrective action. 11 12 (9) PENALTY.--A person who falsely holds herself or 13 himself out as an anesthesiologist assistant commits a felony of the third degree, punishable as provided in s. 775.082 or 14 15 s. 775.084 or by a fine not to exceed \$5,000. (10) DENIAL, SUSPENSION, OR REVOCATION OF 16 17 LICENSURE. -- The boards may deny, suspend, or revoke the license of an anesthesiologist assistant who the board 18 determines has violated any provision of this section or 19 20 chapter or any rule adopted pursuant thereto. 21 (11) RULES.--The boards shall adopt rules to implement 22 this section. (12) LIABILITY.--A supervising anesthesiologist is 23 24 liable for any act or omission of an anesthesiologist 25 assistant acting under the anesthesiologist's supervision and 26 control and shall comply with the financial responsibility 27 requirements of this chapter and chapter 456, as applicable. 28 (13) FEES.--The department shall allocate the fees 29 collected under this section to the board.to read: 30 456.048 Financial responsibility requirements for certain health care practitioners.--31 14

(1) As a prerequisite for licensure or license 1 2 renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of 3 4 Dentistry shall, by rule, require that all health care 5 practitioners licensed under the respective board, and the 6 Board of Medicine and Board of Osteopathic Medicine shall, by 7 rule, require that all anesthesiologist assistants licensed 8 pursuant to s. 458.3475 and s. 459.023, and the Board of 9 Nursing shall, by rule, require that advanced registered nurse 10 practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical 11 12 malpractice insurance or provide proof of financial 13 responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising 14 15 out of the rendering of or failure to render professional care 16 and services in this state. 17 (2) The board or department may grant exemptions upon 18 application by practitioners meeting any of the following criteria: 19 20 (a) Any person licensed under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, 21 chapter 466, or chapter 467 who practices exclusively as an 22 officer, employee, or agent of the Federal Government or of 23 24 the state or its agencies or its subdivisions. For the 25 purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for 26 27 coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(15) or who is a 28 volunteer under s. 110.501(1). 29 30 (b) Any person whose license or certification has become inactive under chapter 457, s. 458.3475, s. 459.023, 31 15

chapter 460, chapter 461, part I of chapter 464, chapter 466, 1 2 or chapter 467 and who is not practicing in this state. Any 3 person applying for reactivation of a license must show either 4 that such licensee maintained tail insurance coverage which 5 provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in б 7 this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such 8 licensee must submit an affidavit stating that such licensee 9 10 has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation. 11

(c) Any person holding a limited license pursuant to
s. 456.015, and practicing under the scope of such limited
license.

15 (d) Any person licensed or certified under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 16 17 464.012, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited 18 school or in its main teaching hospitals. Such person may 19 engage in the practice of medicine to the extent that such 20 practice is incidental to and a necessary part of duties in 21 connection with the teaching position in the school. 22

(e) Any person holding an active license or
certification under chapter 457, <u>s. 458.3475, s. 459.023,</u>
chapter 460, chapter 461, s. 464.012, chapter 466, or chapter
467 who is not practicing in this state. If such person
initiates or resumes practice in this state, he or she must
notify the department of such activity.

(f) Any person who can demonstrate to the board or department that he or she has no malpractice exposure in the state.

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(3) Notwithstanding the provisions of this section, the financial responsibility requirements of ss. 458.320 and 459.0085 shall continue to apply to practitioners licensed under those chapters, except for anesthesiologist assistants licensed pursuant to s. 458.3475 and s. 459.023 who must meet the requirements of this section. Section 4. This act shall take effect July 1, 2002. And the title is amended as follows: On page 1, lines 11 through 12, remove from the title of the bill: Council on Physician Assistants and insert in lieu thereof: Board of Medicine and Board of Osteopathic Medicine

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