

1 A bill to be entitled
2 An act relating to anesthesiologist assistants;
3 amending s. 456.048, F.S.; requiring the Board
4 of Medicine and the Board of Osteopathic
5 Medicine to require medical malpractice
6 insurance or proof of financial responsibility
7 as a condition of licensure or licensure
8 renewal for licensed anesthesiologist
9 assistants; amending ss. 458.331, 459.015,
10 F.S.; revising grounds for which a physician
11 may be disciplined for failing to provide
12 adequate supervision; creating ss. 458.3475,
13 459.023, F.S.; providing definitions; providing
14 performance standards for anesthesiologist
15 assistants and supervising anesthesiologists;
16 providing for the approval of training programs
17 and for services authorized to be performed by
18 trainees; providing licensing procedures;
19 providing for fees; providing for additional
20 membership, powers, and duties of the Board of
21 Medicine and the Board of Osteopathic Medicine;
22 providing penalties; providing for disciplinary
23 actions; providing for the adoption of rules;
24 prescribing liability; providing for the
25 allocation of fees; providing an effective
26 date.

27
28 Be It Enacted by the Legislature of the State of Florida:

29
30 Section 1. Section 456.048, Florida Statutes, is
31 amended to read:

1 456.048 Financial responsibility requirements for
2 certain health care practitioners.--

3 (1) As a prerequisite for licensure or license
4 renewal, the Board of Acupuncture, the Board of Chiropractic
5 Medicine, the Board of Podiatric Medicine, and the Board of
6 Dentistry shall, by rule, require that all health care
7 practitioners licensed under the respective board, and the
8 Board of Medicine and the Board of Osteopathic Medicine shall,
9 by rule, require that all anesthesiologist assistants licensed
10 pursuant to s. 458.3475 or s. 459.023,and the Board of
11 Nursing shall, by rule, require that advanced registered nurse
12 practitioners certified under s. 464.012, and the department
13 shall, by rule, require that midwives maintain medical
14 malpractice insurance or provide proof of financial
15 responsibility in an amount and in a manner determined by the
16 board or department to be sufficient to cover claims arising
17 out of the rendering of or failure to render professional care
18 and services in this state.

19 (2) The board or department may grant exemptions upon
20 application by practitioners meeting any of the following
21 criteria:

22 (a) Any person licensed under chapter 457, s.
23 458.3475, s. 459.023,chapter 460, chapter 461, s. 464.012,
24 chapter 466, or chapter 467 who practices exclusively as an
25 officer, employee, or agent of the Federal Government or of
26 the state or its agencies or its subdivisions. For the
27 purposes of this subsection, an agent of the state, its
28 agencies, or its subdivisions is a person who is eligible for
29 coverage under any self-insurance or insurance program
30 authorized by the provisions of s. 768.28(15) or who is a
31 volunteer under s. 110.501(1).

1 (b) Any person whose license or certification has
2 become inactive under chapter 457, s. 458.3475, s. 459.023,
3 chapter 460, chapter 461, part I of chapter 464, chapter 466,
4 or chapter 467 and who is not practicing in this state. Any
5 person applying for reactivation of a license must show either
6 that such licensee maintained tail insurance coverage which
7 provided liability coverage for incidents that occurred on or
8 after October 1, 1993, or the initial date of licensure in
9 this state, whichever is later, and incidents that occurred
10 before the date on which the license became inactive; or such
11 licensee must submit an affidavit stating that such licensee
12 has no unsatisfied medical malpractice judgments or
13 settlements at the time of application for reactivation.

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

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

25 (e) Any person holding an active license or
26 certification under chapter 457, s. 458.3475, s. 459.023,
27 chapter 460, chapter 461, s. 464.012, chapter 466, or chapter
28 467 who is not practicing in this state. If such person
29 initiates or resumes practice in this state, he or she must
30 notify the department of such activity.

31

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

4 (3) Notwithstanding the provisions of this section,
5 the financial responsibility requirements of ss. 458.320 and
6 459.0085 shall continue to apply to practitioners licensed
7 under those chapters, except for anesthesiologist assistants
8 licensed pursuant to s. 458.3475 or s. 459.023 who must meet
9 the requirements of this section.

10 Section 2. Paragraph (dd) of subsection (1) of section
11 458.331, Florida Statutes, is amended to read:

12 458.331 Grounds for disciplinary action; action by the
13 board and department.--

14 (1) The following acts constitute grounds for denial
15 of a license or disciplinary action, as specified in s.
16 456.072(2):

17 (dd) Failing to supervise adequately the activities of
18 those physician assistants, paramedics, emergency medical
19 technicians, ~~or~~ advanced registered nurse practitioners, or
20 anesthesiologist assistants acting under the supervision of
21 the physician.

22 Section 3. Section 458.3475, Florida Statutes, is
23 created to read:

24 458.3475 Anesthesiologist assistants.--

25 (1) DEFINITIONS.--As used in this section, the term:

26 (a) "Anesthesiologist" means an allopathic physician
27 who holds an active, unrestricted license, who has
28 successfully completed an anesthesiology training program
29 approved by the Accreditation Council on Graduate Medical
30 Education, or its equivalent, and who is certified by the
31 American Board of Anesthesiology or is eligible to take that

1 board's examination or is certified by the Board of
2 Certification in Anesthesiology affiliated with the American
3 Association of Physician Specialists.

4 (b) "Anesthesiologist assistant" means a graduate of
5 an approved program who is licensed to perform medical
6 services delegated and directly supervised by a supervising
7 anesthesiologist.

8 (c) "Anesthesiology" means the practice of medicine
9 that specializes in the relief of pain during and after
10 surgical procedures and childbirth, during certain chronic
11 disease processes, and during resuscitation and critical care
12 of patients in the operating room and intensive care
13 environments.

14 (d) "Approved program" means a program for the
15 education and training of anesthesiologist assistants that has
16 been approved by the boards as provided in subsection (5).

17 (e) "Boards" means the Board of Medicine and the Board
18 of Osteopathic Medicine.

19 (f) "Continuing medical education" means courses
20 recognized and approved by the boards, the American Academy of
21 Physician Assistants, the American Medical Association, the
22 American Osteopathic Association, the American Academy of
23 Anesthesiologist Assistants, the American Society of
24 Anesthesiologists, or the Accreditation Council on Continuing
25 Medical Education.

26 (g) "Direct supervision" means supervision by an
27 anesthesiologist who is present in the same room as the
28 anesthesiologist assistant, or in an immediately adjacent room
29 or hallway, such that the supervising anesthesiologist is able
30 to monitor the ongoing anesthetic and be immediately available
31 to provide assistance and direction while anesthesia services

1 are being performed. Direct supervision requires the
2 supervising anesthesiologist to personally begin the patient's
3 preanesthetic assessment.

4 (h) "Proficiency examination" means an entry-level
5 examination approved by the boards, including examination
6 administered by the National Commission on Certification of
7 Anesthesiologist Assistants.

8 (i) "Trainee" means a person who is currently enrolled
9 in an approved program.

10 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

11 (a) An anesthesiologist who directly supervises an
12 anesthesiologist assistant must be qualified in the medical
13 areas in which the anesthesiologist assistant performs and is
14 liable for the performance of the anesthesiologist assistant.
15 An anesthesiologist may only supervise two anesthesiologist
16 assistants at the same time. The board may, by rule, allow an
17 anesthesiologist to supervise up to four anesthesiologist
18 assistants, after July 1, 2006.

19 (b) An anesthesiologist or group of anesthesiologists
20 must, upon establishing a supervisory relationship with an
21 anesthesiologist assistant, file with the board a written
22 protocol that includes, at a minimum:

23 1. The name, address, and license number of the
24 anesthesiologist assistant.

25 2. The name, address, license number and federal Drug
26 Enforcement Administration number of each physician who will
27 be supervising the anesthesiologist assistant.

28 3. The address of the anesthesiologist assistant's
29 primary practice location, and the address of any other
30 locations where the anesthesiologist assistant may practice.

31

1 4. The date the protocol was developed and the dates
2 of all revisions.

3 5. The signatures of the anesthesiologist assistant
4 and all supervising physicians.

5 6. The duties and functions of the anesthesiologist
6 assistant.

7 7. The conditions or procedures that require the
8 personal provision of care by an anesthesiologist.

9 8. The procedures to be followed in the event of an
10 anesthetic emergency.

11
12 The protocol must be on file with the board before the
13 anesthesiologist assistant may practice with the
14 anesthesiologist or group. An anesthesiologist assistant may
15 not practice unless a written protocol has been filed for that
16 anesthesiologist assistant in accordance with this paragraph,
17 and the anesthesiologist assistant may only practice under the
18 direct supervision of an anesthesiologist who has signed the
19 protocol. The protocol must be updated biennially.

20 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

21 (a) An anesthesiologist assistant may assist an
22 anesthesiologist in developing and implementing an anesthesia
23 care plan for a patient. In providing assistance to an
24 anesthesiologist, an anesthesiologist assistant may perform
25 duties established by rule by the board in any of the
26 following functions that are included in the anesthesiologist
27 assistant's protocol while under the direct supervision of an
28 anesthesiologist:

29 1. Obtain a comprehensive patient history and present
30 the history to the supervising anesthesiologist.

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1 2. Pretest and calibrate anesthesia delivery systems
2 and monitor, obtain, and interpret information from the
3 systems and monitors.

4 3. Assist the supervising anesthesiologist with the
5 implementation of medically accepted monitoring techniques.

6 4. Establish basic and advanced airway interventions,
7 including intubation of the trachea and performing ventilatory
8 support.

9 5. Administer intermittent vasoactive drugs and start
10 and adjust vasoactive infusions.

11 6. Administer anesthetic drugs, adjuvant drugs, and
12 accessory drugs.

13 7. Assist the supervising anesthesiologist with the
14 performance of epidural anesthetic procedures and spinal
15 anesthetic procedures.

16 8. Administer blood, blood products, and supportive
17 fluids.

18 9. Support life functions during anesthesia health
19 care, including induction and intubation procedures, the use
20 of appropriate mechanical supportive devices, and the
21 management of fluid, electrolyte, and blood component
22 balances.

23 10. Recognize and take appropriate corrective action
24 for abnormal patient responses to anesthesia, adjunctive
25 medication, or other forms of therapy.

26 11. Participate in management of the patient while in
27 the postanesthesia recovery area, including the administration
28 of any supporting fluids or drugs.

29 12. Place special peripheral and central venous and
30 arterial lines for blood sampling and monitoring as
31 appropriate.

1 (b) Nothing in this section or chapter prevents
2 third-party payors from reimbursing employers of
3 anesthesiologist assistants for covered services rendered by
4 such anesthesiologist assistants.

5 (c) An anesthesiologist assistant must clearly convey
6 to the patient that he or she is an anesthesiologist
7 assistant.

8 (d) An anesthesiologist assistant may perform
9 anesthesia tasks and services within the framework of a
10 written practice protocol developed between the supervising
11 anesthesiologist and the anesthesiologist assistant.

12 (e) An anesthesiologist assistant may not prescribe,
13 order or compound any controlled substance, legend drug or
14 medical device, nor may an anesthesiologist assistant dispense
15 sample drugs to patients. Nothing in this paragraph prohibits
16 an anesthesiologist assistant from administering legend drugs
17 or controlled substances, intravenous drugs, fluids, or blood
18 products, or inhalation or other anesthetic agents to patients
19 that are ordered by the supervising anesthesiologist, and
20 administered while under the direct supervision of the
21 supervising anesthesiologist.

22 (4) PERFORMANCE BY TRAINEES.--The practice of a
23 trainee is exempt from the requirements of this chapter while
24 the trainee is performing assigned tasks as a trainee in
25 conjunction with an approved program. Before providing
26 anesthesia services including the administration of anesthesia
27 in conjunction with the requirements of an approved program,
28 the trainee must clearly convey to the patient that he or she
29 is a trainee.

30 (5) PROGRAM APPROVAL.--The boards shall approve
31 programs for the education and training of anesthesiologist

1 assistants which meet standards established by board rules.
2 The boards may recommend only those anesthesiologist assistant
3 training programs that hold full accreditation or provisional
4 accreditation from the Commission on Accreditation of Allied
5 Health Education Programs.

6 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

7 (a) Any person desiring to be licensed as an
8 anesthesiologist assistant must apply to the department. The
9 department shall issue a license to any person certified by
10 the board to:

- 11 1. Be at least 18 years of age.
- 12 2. Have satisfactorily passed a proficiency
13 examination with a score established by the National
14 Commission on Certification of Anesthesiologist Assistants.
- 15 3. Be certified in advanced cardiac life support.
- 16 4. Have completed the application form and remitted an
17 application fee, not to exceed \$1,000, as set by the boards.

18 An application must include:

- 19 a. A certificate of completion of an approved graduate
20 level program.
- 21 b. A sworn statement of any prior felony convictions.
- 22 c. A sworn statement of any prior discipline or denial
23 of licensure or certification in any state.
- 24 d. Two letters of recommendation from
25 anesthesiologists.

26 (b) A license must be renewed biennially. Each renewal
27 must include:

- 28 1. A renewal fee, not to exceed \$1,000, as set by the
29 boards.
- 30 2. A sworn statement of no felony convictions in the
31 immediately preceding 2 years.

1 (c) Each licensed anesthesiologist assistant must
2 biennially complete 40 hours of continuing medical education
3 or hold a current certificate issued by the National
4 Commission on Certification of Anesthesiologist Assistants or
5 its successor.

6 (d) An anesthesiologist assistant must notify the
7 department in writing within 30 days after obtaining
8 employment that requires a license under this chapter and
9 after any subsequent change in his or her supervising
10 anesthesiologist. The notification must include the full name,
11 license number, specialty, and address of the supervising
12 anesthesiologist. Submission of the required protocol
13 satisfies this requirement.

14 (e) The Board of Medicine may impose upon an
15 anesthesiologist assistant any penalty specified in s. 456.072
16 or s. 458.331(2) if the anesthesiologist assistant or the
17 supervising anesthesiologist is found guilty of or is
18 investigated for an act that constitutes a violation of this
19 chapter or chapter 456.

20 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
21 ADVISE THE BOARD.--

22 (a) The chairman of the board may appoint an
23 anesthesiologist and an anesthesiologist assistant to advise
24 the board as to the promulgation of rules for the licensure of
25 anesthesiologist assistants. The board may utilize a committee
26 structure that is most practicable in order to receive any
27 recommendations to the board regarding rules and all matters
28 relating anesthesiologist assistants, including but not
29 limited to recommendations to improve safety in the clinical
30 practices of licensed anesthesiologist assistants.

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1 (b) In addition to its other duties and
2 responsibilities as prescribed by law, the board shall:

3 1. Recommend to the department the licensure of
4 anesthesiologist assistants.

5 2. Develop all rules regulating the use of
6 anesthesiologist assistants by qualified anesthesiologists
7 under this chapter and chapter 459, except for rules relating
8 to the formulary developed under s. 458.347(4)(f). The board
9 shall also develop rules to ensure that the continuity of
10 supervision is maintained in each practice setting. The boards
11 shall consider adopting a proposed rule at the regularly
12 scheduled meeting immediately following the submission of the
13 proposed rule. A proposed rule may not be adopted by either
14 board unless both boards have accepted and approved the
15 identical language contained in the proposed rule. The
16 language of all proposed rules must be approved by both boards
17 pursuant to each respective board's guidelines and standards
18 regarding the adoption of proposed rules.

19 3. Address concerns and problems of practicing
20 anesthesiologist assistants to improve safety in the clinical
21 practices of licensed anesthesiologist assistants.

22 (c) When the board finds that an applicant for
23 licensure has failed to meet, to the board's satisfaction,
24 each of the requirements for licensure set forth in this
25 section, the board may enter an order to:

26 1. Refuse to certify the applicant for licensure;

27 2. Approve the applicant for licensure with
28 restrictions on the scope of practice or license; or

29 3. Approve the applicant for conditional licensure.

30 Such conditions may include placement of the licensee on
31 probation for a period of time and subject to such conditions

1 as the board may specify, including, but not limited to,
2 requiring the licensee to undergo treatment, to attend
3 continuing education courses, or to take corrective action.

4 (8) PENALTY.--A person who falsely holds himself or
5 herself out as an anesthesiologist assistant commits a felony
6 of the third degree, punishable as provided in s. 775.082, s.
7 775.083, or s. 775.084.

8 (9) DENIAL, SUSPENSION, OR REVOCATION OF
9 LICENSURE.--The boards may deny, suspend, or revoke the
10 license of an anesthesiologist assistant who the board
11 determines has violated any provision of this section or
12 chapter or any rule adopted pursuant thereto.

13 (10) RULES.--The boards shall adopt rules to implement
14 this section.

15 (11) LIABILITY.--A supervising anesthesiologist is
16 liable for any act or omission of an anesthesiologist
17 assistant acting under the anesthesiologist's supervision and
18 control and shall comply with the financial responsibility
19 requirements of this chapter and chapter 456, as applicable.

20 (12) FEES.--The department shall allocate the fees
21 collected under this section to the board.

22 Section 4. Paragraph (hh) of subsection (1) of section
23 459.015, Florida Statutes, is amended to read:

24 459.015 Grounds for disciplinary action; action by the
25 board and department.--

26 (1) The following acts constitute grounds for denial
27 of a license or disciplinary action, as specified in s.
28 456.072(2):

29 (hh) Failing to supervise adequately the activities of
30 those physician assistants, paramedics, emergency medical
31 technicians, advanced registered nurse practitioners,

1 anesthesiologist assistants, or other persons acting under the
2 supervision of the osteopathic physician.

3 Section 5. Section 459.023, Florida Statutes, is
4 created to read:

5 459.023 Anesthesiologist assistants.--

6 (1) DEFINITIONS.--As used in this section, the term:

7 (a) "Anesthesiologist" means an osteopathic physician
8 who holds an active, unrestricted license, who has
9 successfully completed an anesthesiology training program
10 approved by the Accreditation Council on Graduate Medical
11 Education, or its equivalent, or the American Osteopathic
12 Association, and who is certified by the American Osteopathic
13 Board of Anesthesiology or is eligible to take that board's
14 examination, is certified by the American Board of
15 Anesthesiology or is eligible to take that board's
16 examination, or is certified by the Board of Certification in
17 Anesthesiology affiliated with the American Association of
18 Physician Specialists.

19 (b) "Anesthesiologist assistant" means a graduate of
20 an approved program who is licensed to perform medical
21 services delegated and directly supervised by a supervising
22 anesthesiologist.

23 (c) "Anesthesiology" means the practice of medicine
24 that specializes in the relief of pain during and after
25 surgical procedures and childbirth, during certain chronic
26 disease processes, and during resuscitation and critical care
27 of patients in the operating room and intensive care
28 environments.

29 (d) "Approved program" means a program for the
30 education and training of anesthesiologist assistants that has
31 been approved by the boards as provided in subsection (5).

1 (e) "Boards" means the Board of Medicine and the Board
2 of Osteopathic Medicine.

3 (f) "Continuing medical education" means courses
4 recognized and approved by the boards, the American Academy of
5 Physician Assistants, the American Medical Association, the
6 American Osteopathic Association, the American Academy of
7 Anesthesiologist Assistants, the American Society of
8 Anesthesiologists, or the Accreditation Council on Continuing
9 Medical Education.

10 (g) "Direct supervision" means supervision by an
11 anesthesiologist who is present in the same room as the
12 anesthesiologist assistant, or in an immediately adjacent room
13 or hallway, such that the supervising anesthesiologist is able
14 to monitor the ongoing anesthetic and be immediately available
15 to provide assistance and direction while anesthesia services
16 are being performed. Direct supervision requires the
17 supervising anesthesiologist to personally begin the patient's
18 preanesthetic assessment.

19 (h) "Proficiency examination" means an entry-level
20 examination approved by the boards, including examinations
21 administered by the National Commission on Certification of
22 Anesthesiologist Assistants.

23 (i) "Trainee" means a person who is currently enrolled
24 in an approved program.

25 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

26 (a) An anesthesiologist who directly supervises an
27 anesthesiologist assistant must be qualified in the medical
28 areas in which the anesthesiologist assistant performs, and is
29 liable for the performance of the anesthesiologist assistant.
30 An anesthesiologist may only supervise two anesthesiologist
31 assistants at the same time. The board may, by rule, allow an

1 anesthesiologist to supervise up to four anesthesiologist
2 assistants, after July 1, 2006.

3 (b) An anesthesiologist or group of anesthesiologists
4 must, upon establishing a supervisory relationship with an
5 anesthesiologist assistant, file with the board a written
6 protocol that includes, at a minimum:

7 1. The name, address, and license number of the
8 anesthesiologist assistant.

9 2. The name, address, license number and federal Drug
10 Enforcement Administration number of each physician who will
11 be supervising the anesthesiologist assistant.

12 3. The address of the anesthesiologist assistant's
13 primary practice location, and the address of any other
14 locations where the anesthesiologist assistant may practice.

15 4. The date the protocol was developed and the dates
16 of all revisions.

17 5. The signatures of the anesthesiologist assistant
18 and all supervising physicians.

19 6. The duties and functions of the anesthesiologist
20 assistant.

21 7. The conditions or procedures that require the
22 personal provision of care by an anesthesiologist.

23 8. The procedures to be followed in the event of an
24 anesthetic emergency.

25
26 The protocol must be on file with the board before the
27 anesthesiologist assistant may practice with the
28 anesthesiologist or group. An anesthesiologist assistant may
29 not practice unless a written protocol has been filed for that
30 anesthesiologist assistant in accordance with this paragraph,
31 and the anesthesiologist assistant may only practice under the

1 direct supervision of an anesthesiologist who has signed the
2 protocol. The protocol must be updated biennially.

3 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

4 (a) An anesthesiologist assistant may assist an
5 anesthesiologist in developing and implementing an anesthesia
6 care plan for a patient. In providing assistance to an
7 anesthesiologist, an anesthesiologist assistant may perform
8 duties established by rule by the board in any of the
9 following functions that are included in the anesthesiologist
10 assistant's protocol while under the direct supervision of an
11 anesthesiologist:

12 1. Obtain a comprehensive patient history and present
13 the history to the supervising anesthesiologist.

14 2. Pretest and calibrate anesthesia delivery systems
15 and monitor, obtain, and interpret information from the
16 systems and monitors.

17 3. Assist the supervising anesthesiologist with the
18 implementation of medically accepted monitoring techniques.

19 4. Establish basic and advanced airway interventions,
20 including intubation of the trachea and performing ventilatory
21 support.

22 5. Administer intermittent vasoactive drugs and start
23 and adjust vasoactive infusions.

24 6. Administer anesthetic drugs, adjuvant drugs, and
25 accessory drugs.

26 7. Assist the supervising anesthesiologist with the
27 performance of epidural anesthetic procedures and spinal
28 anesthetic procedures.

29 8. Administer blood, blood products, and supportive
30 fluids.

31

1 9. Support life functions during anesthesia health
2 care, including induction and intubation procedures, the use
3 of appropriate mechanical supportive devices, and the
4 management of fluid, electrolyte, and blood component
5 balances.

6 10. Recognize and take appropriate corrective action
7 for abnormal patient responses to anesthesia, adjunctive
8 medication, or other forms of therapy.

9 11. Participate in management of the patient while in
10 the postanesthesia recovery area, including the administration
11 of any supporting fluids or drugs.

12 12. Place special peripheral and central venous and
13 arterial lines for blood sampling and monitoring as
14 appropriate.

15 (b) Nothing in this section or chapter prevents
16 third-party payors from reimbursing employers of
17 anesthesiologist assistants for covered services rendered by
18 such anesthesiologist assistants.

19 (c) An anesthesiologist assistant must clearly convey
20 to the patient that she or he is an anesthesiologist
21 assistant.

22 (d) An anesthesiologist assistant may perform
23 anesthesia tasks and services within the framework of a
24 written practice protocol developed between the supervising
25 anesthesiologist and the anesthesiologist assistant.

26 (e) An anesthesiologist assistant may not prescribe
27 legend drugs or medical devices, compound medicines for
28 patients, or dispense sample drugs to patients. Nothing in
29 this paragraph prohibits an anesthesiologist assistant from
30 administering legend drugs, narcotics or scheduled drugs,
31 intravenous drugs, fluids, or blood products, or inhalation or

1 other anesthetic agents to patients while under the direct
2 supervision of an anesthesiologist.

3 (4) PERFORMANCE BY TRAINEES.--The practice of a
4 trainee is exempt from the requirements of this chapter while
5 the trainee is performing assigned tasks as a trainee in
6 conjunction with an approved program. Before providing
7 anesthesia services including the administration of anesthesia
8 in conjunction with the requirements of an approved program,
9 the trainee must clearly convey to the patient that he or she
10 is a trainee.

11 (5) PROGRAM APPROVAL.--The boards shall approve
12 programs for the education and training of anesthesiologist
13 assistants which meet standards established by board rules.
14 The board may recommend only those anesthesiologist assistant
15 training programs that hold full accreditation or provisional
16 accreditation from the Commission on Accreditation of Allied
17 Health Education Programs.

18 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

19 (a) Any person desiring to be licensed as an
20 anesthesiologist assistant must apply to the department. The
21 department shall issue a license to any person certified by
22 the board to:

23 1. Be at least 18 years of age.

24 2. Have satisfactorily passed a proficiency
25 examination with a score established by the National
26 Commission on Certification of Anesthesiologist Assistants.

27 3. Be certified in advanced cardiac life support.

28 4. Have completed the application form and remitted an
29 application fee, not to exceed \$1,000, as set by the boards.

30 An application must include:

31

1 a. A certificate of completion of an approved graduate
2 level program.

3 b. A sworn statement of any prior felony convictions.

4 c. A sworn statement of any prior discipline or denial
5 of licensure or certification in any state.

6 d. Two letters of recommendation from
7 anesthesiologists.

8 (b) A license must be renewed biennially. Each renewal
9 must include:

10 1. A renewal fee, not to exceed \$1,000, as set by the
11 boards.

12 2. A sworn statement of no felony convictions in the
13 immediately preceding 2 years.

14 (c) Each licensed anesthesiologist assistant must
15 biennially complete 40 hours of continuing medical education
16 or hold a current certificate issued by the National
17 Commission on Certification of Anesthesiologist Assistants or
18 its successor.

19 (d) An anesthesiologist assistant must notify the
20 department in writing within 30 days after obtaining
21 employment that requires a license under this chapter and
22 after any subsequent change in her or his supervising
23 anesthesiologist. The notification must include the full name,
24 license number, specialty, and address of the supervising
25 anesthesiologist. Submission of the required protocol
26 satisfies this requirement.

27 (e) The Board of Osteopathic Medicine may impose upon
28 an anesthesiologist assistant any penalty specified in s.
29 456.072 or s. 459.015(2) if the anesthesiologist assistant or
30 the supervising anesthesiologist is found guilty of or is
31

1 investigated for an act that constitutes a violation of this
2 chapter or chapter 456.

3 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
4 ADVISE THE BOARD.--

5 (a) The chairman of the board may appoint an
6 anesthesiologist and an anesthesiologist assistant to advise
7 the board as to the promulgation of rules for the licensure of
8 anesthesiologist assistants. The board may utilize a committee
9 structure that is most practicable in order to receive any
10 recommendations to the board regarding rules and all matters
11 relating anesthesiologist assistants, including but not
12 limited to recommendations to improve safety in the clinical
13 practices of licensed anesthesiologist assistants.

14 (b) In addition to its other duties and
15 responsibilities as prescribed by law, the board shall:

16 1. Recommend to the department the licensure of
17 anesthesiologist assistants.

18 2. Develop all rules regulating the use of
19 anesthesiologist assistants by qualified anesthesiologists
20 under this chapter and chapter 458, except for rules relating
21 to the formulary developed under s. 458.347(4)(f). The board
22 shall also develop rules to ensure that the continuity of
23 supervision is maintained in each practice setting. The boards
24 shall consider adopting a proposed rule at the regularly
25 scheduled meeting immediately following the submission of the
26 proposed rule. A proposed rule may not be adopted by either
27 board unless both boards have accepted and approved the
28 identical language contained in the proposed rule. The
29 language of all proposed rules must be approved by both boards
30 pursuant to each respective board's guidelines and standards
31 regarding the adoption of proposed rules.

1 3. Address concerns and problems of practicing
2 anesthesiologist assistants to improve safety in the clinical
3 practices of licensed anesthesiologist assistants.

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:

8 1. Refuse to certify the applicant for licensure;

9 2. Approve the applicant for licensure with
10 restrictions on the scope of practice or license; or

11 3. Approve the applicant for conditional licensure.

12 Such conditions may include placement of the licensee on
13 probation for a period of time and subject to such conditions
14 as the board may specify, including, but not limited to,
15 requiring the licensee to undergo treatment, to attend
16 continuing education courses, or to take corrective action.

17 (8) PENALTY.--A person who falsely holds herself or
18 himself out as an anesthesiologist assistant commits a felony
19 of the third degree, punishable as provided in s. 775.082, s.
20 775.083, or s. 775.084.

21 (9) DENIAL, SUSPENSION, OR REVOCATION OF
22 LICENSURE.--The boards may deny, suspend, or revoke the
23 license of an anesthesiologist assistant who the board
24 determines has violated any provision of this section or
25 chapter or any rule adopted pursuant thereto.

26 (10) RULES.--The boards shall adopt rules to implement
27 this section.

28 (11) LIABILITY.--A supervising anesthesiologist is
29 liable for any act or omission of an anesthesiologist
30 assistant acting under the anesthesiologist's supervision and
31

1 control and shall comply with the financial responsibility
2 requirements of this chapter and chapter 456, as applicable.

3 (12) FEES.--The department shall allocate the fees
4 collected under this section to the board.

5 Section 6. This act shall take effect July 1, 2002.

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