

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.

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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

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1 American Board of Anesthesiology or is eligible to take that
2 board's examination.

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

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

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

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

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

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

1 supervising anesthesiologist to personally begin the patient's
2 pre-anesthetic assessment.

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

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

9 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

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

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

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

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

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

30 4. The date the protocol was developed and the dates
31 of all revisions.

1 5. The signatures of the anesthesiologist assistant
2 and all supervising physicians.

3 6. The duties and functions of the anesthesiologist
4 assistant.

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

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

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

18 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

27 1. Obtain a comprehensive patient history and present
28 the history to the supervising anesthesiologist.

29 2. Pretest and calibrate anesthesia delivery systems
30 and monitor, obtain, and interpret information from the
31 systems and monitors.

- 1 3. Assist the supervising anesthesiologist with the
2 implementation of medically accepted monitoring techniques.
- 3 4. Establish basic and advanced airway interventions,
4 including intubation of the trachea and performing ventilatory
5 support.
- 6 5. Administer intermittent vasoactive drugs and start
7 and adjust vasoactive infusions.
- 8 6. Administer anesthetic drugs, adjuvant drugs, and
9 accessory drugs.
- 10 7. Assist the supervising anesthesiologist with the
11 performance of epidural anesthetic procedures and spinal
12 anesthetic procedures.
- 13 8. Administer blood, blood products, and supportive
14 fluids.
- 15 9. Support life functions during anesthesia health
16 care, including induction and intubation procedures, the use
17 of appropriate mechanical supportive devices, and the
18 management of fluid, electrolyte, and blood component
19 balances.
- 20 10. Recognize and take appropriate corrective action
21 for abnormal patient responses to anesthesia, adjunctive
22 medication, or other forms of therapy.
- 23 11. Participate in management of the patient while in
24 the postanesthesia recovery area, including the administration
25 of any supporting fluids or drugs.
- 26 12. Place special peripheral and central venous and
27 arterial lines for blood sampling and monitoring as
28 appropriate.
- 29 (b) Nothing in this section or chapter prevents
30 third-party payors from reimbursing employers of
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1 anesthesiologist assistants for covered services rendered by
2 such anesthesiologist assistants.

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

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

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

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

28 (5) PROGRAM APPROVAL.--The boards shall approve
29 programs for the education and training of anesthesiologist
30 assistants which meet standards established by board rules.
31 The boards may recommend only those anesthesiologist assistant

1 training programs that hold full accreditation or provisional
2 accreditation from the Commission on Accreditation of Allied
3 Health Education Programs.

4 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

9 1. Be at least 18 years of age.

10 2. Have satisfactorily passed a proficiency
11 examination with a score established by the National
12 Commission on Certification of Anesthesiologist Assistants.

13 3. Be certified in advanced cardiac life support.

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

16 An application must include:

17 a. A certificate of completion of an approved graduate
18 level program.

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

20 c. A sworn statement of any prior discipline or denial
21 of licensure or certification in any state.

22 d. Two letters of recommendation from
23 anesthesiologists.

24 (b) A license must be renewed biennially. Each renewal
25 must include:

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

28 2. A sworn statement of no felony convictions in the
29 immediately preceding 2 years.

30 (c) Each licensed anesthesiologist assistant must
31 biennially complete 40 hours of continuing medical education

1 or hold a current certificate issued by the National
2 Commission on Certification of Anesthesiologist Assistants or
3 its successor.

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

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

18 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
19 ADVISE THE BOARD.--

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

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

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1 1. Recommend to the department the licensure of
2 anesthesiologist assistants.

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

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

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

24 1. Refuse to certify the applicant for licensure;

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

27 3. Approve the applicant for conditional licensure.

28 Such conditions may include placement of the licensee on
29 probation for a period of time and subject to such conditions
30 as the board may specify, including, but not limited to,

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1 requiring the licensee to undergo treatment, to attend
2 continuing education courses, or to take corrective action.

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

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

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

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

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

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

23 459.015 Grounds for disciplinary action; action by the
24 board and department.--

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

28 (hh) Failing to supervise adequately the activities of
29 those physician assistants, paramedics, emergency medical
30 technicians, advanced registered nurse practitioners,
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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 or who is certified by the American Board of
15 Anesthesiology or is eligible to take that board's
16 examination.

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

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

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

30 (e) "Boards" means the Board of Medicine and the Board
31 of Osteopathic Medicine.

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

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

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

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

23 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

24 (a) An anesthesiologist who directly supervises an
25 anesthesiologist assistant must be qualified in the medical
26 areas in which the anesthesiologist assistant performs, and is
27 liable for the performance of the anesthesiologist assistant.
28 An anesthesiologist may only supervise two anesthesiologist
29 assistants at the same time. The board may, by rule, allow an
30 anesthesiologist to supervise up to four anesthesiologist
31 assistants, after July 1, 2006.

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

5 1. The name, address, and license number of the
6 anesthesiologist assistant.

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

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

13 4. The date the protocol was developed and the dates
14 of all revisions.

15 5. The signatures of the anesthesiologist assistant
16 and all supervising physicians.

17 6. The duties and functions of the anesthesiologist
18 assistant.

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

21 8. The procedures to be followed in the event of an
22 anesthetic emergency.

23
24 The protocol must be on file with the board before the
25 anesthesiologist assistant may practice with the
26 anesthesiologist or group. An anesthesiologist assistant may
27 not practice unless a written protocol has been filed for that
28 anesthesiologist assistant in accordance with this paragraph,
29 and the anesthesiologist assistant may only practice under the
30 direct supervision of an anesthesiologist who has signed the
31 protocol. The protocol must be updated biennially.

- 1 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--
2 (a) An anesthesiologist assistant may assist an
3 anesthesiologist in developing and implementing an anesthesia
4 care plan for a patient. In providing assistance to an
5 anesthesiologist, an anesthesiologist assistant may perform
6 duties established by rule by the board in any of the
7 following functions that are included in the anesthesiologist
8 assistant's protocol while under the direct supervision of an
9 anesthesiologist:
- 10 1. Obtain a comprehensive patient history and present
11 the history to the supervising anesthesiologist.
- 12 2. Pretest and calibrate anesthesia delivery systems
13 and monitor, obtain, and interpret information from the
14 systems and monitors.
- 15 3. Assist the supervising anesthesiologist with the
16 implementation of medically accepted monitoring techniques.
- 17 4. Establish basic and advanced airway interventions,
18 including intubation of the trachea and performing ventilatory
19 support.
- 20 5. Administer intermittent vasoactive drugs and start
21 and adjust vasoactive infusions.
- 22 6. Administer anesthetic drugs, adjuvant drugs, and
23 accessory drugs.
- 24 7. Assist the supervising anesthesiologist with the
25 performance of epidural anesthetic procedures and spinal
26 anesthetic procedures.
- 27 8. Administer blood, blood products, and supportive
28 fluids.
- 29 9. Support life functions during anesthesia health
30 care, including induction and intubation procedures, the use
31 of appropriate mechanical supportive devices, and the

1 management of fluid, electrolyte, and blood component
2 balances.

3 10. Recognize and take appropriate corrective action
4 for abnormal patient responses to anesthesia, adjunctive
5 medication, or other forms of therapy.

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

9 12. Place special peripheral and central venous and
10 arterial lines for blood sampling and monitoring as
11 appropriate.

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

16 (c) An anesthesiologist assistant must clearly convey
17 to the patient that she or he is an anesthesiologist
18 assistant.

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

23 (e) An anesthesiologist assistant may not prescribe
24 legend drugs or medical devices, compound medicines for
25 patients, or dispense sample drugs to patients. Nothing in
26 this paragraph prohibits an anesthesiologist assistant from
27 administering legend drugs, narcotics or scheduled drugs,
28 intravenous drugs, fluids, or blood products, or inhalation or
29 other anesthetic agents to patients while under the direct
30 supervision of an anesthesiologist.

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

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

16 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

21 1. Be at least 18 years of age.

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

25 3. Be certified in advanced cardiac life support.

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

28 An application must include:

29 a. A certificate of completion of an approved graduate
30 level program.

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

1 c. A sworn statement of any prior discipline or denial
2 of licensure or certification in any state.

3 d. Two letters of recommendation from
4 anesthesiologists.

5 (b) A license must be renewed biennially. Each renewal
6 must include:

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

9 2. A sworn statement of no felony convictions in the
10 immediately preceding 2 years.

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

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

24 (e) The Board of Osteopathic Medicine may impose upon
25 an anesthesiologist assistant any penalty specified in s.
26 456.072 or s. 459.015(2) if the anesthesiologist assistant or
27 the supervising anesthesiologist is found guilty of or is
28 investigated for an act that constitutes a violation of this
29 chapter or chapter 456.

30 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
31 ADVISE THE BOARD.--

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

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

12 1. Recommend to the department the licensure of
13 anesthesiologist assistants.

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

28 3. Address concerns and problems of practicing
29 anesthesiologist assistants to improve safety in the clinical
30 practices of licensed anesthesiologist assistants.

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

- 5 1. Refuse to certify the applicant for licensure;
6 2. Approve the applicant for licensure with
7 restrictions on the scope of practice or license; or
8 3. Approve the applicant for conditional licensure.

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

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

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

23 (10) RULES.--The boards shall adopt rules to implement
24 this section.

25 (11) LIABILITY.--A supervising anesthesiologist is
26 liable for any act or omission of an anesthesiologist
27 assistant acting under the anesthesiologist's supervision and
28 control and shall comply with the financial responsibility
29 requirements of this chapter and chapter 456, as applicable.

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

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

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3 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
4 COMMITTEE SUBSTITUTE FOR
5 Senate Bill 966

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7 The bill provides for the regulation of anesthesiologist
8 assistants to be exclusively under the Board of Medicine and
9 the Board of Osteopathic Medicine. The bill provides for joint
10 rulemaking by the boards regarding the regulation of
11 anesthesiologist assistants. The bill requires the Board of
12 Medicine and the Board of Osteopathic Medicine, by rule, to
13 require that all anesthesiologist assistants licensed under s.
14 458.3475 or s. 459.023, F.S., maintain medical malpractice
15 insurance or provide proof of financial responsibility. The
16 bill revises the requirements for an anesthesiologist who
17 establishes a supervisory relationship with an
18 anesthesiologist assistant to submit a protocol with the
19 anesthesiologist's board. The supervision requirements for an
20 anesthesiologist in such professional relationships and the
21 duties and responsibilities of anesthesiologist assistants are
22 revised. An anesthesiologist may not supervise more than two
23 anesthesiologist assistants at a time. The Board of Medicine
24 or the Board of Osteopathic Medicine, as appropriate, may, by
25 rule, allow an anesthesiologist under its regulatory
26 jurisdiction to supervise up to four anesthesiologist
27 assistants after July 1, 2006.

28 The grounds for which an allopathic or osteopathic physician
29 may be subject to discipline for failure to adequately
30 supervise certain health care practitioners is revised to
31 include anesthesiologist assistants. Procedures for the
32 issuance of a 1-year temporary license to graduates of an
33 anesthesiologist assistant training program are eliminated.

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