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A bill to be entitled

An act relating to anesthesiologist assistants; amending s. 456.048, F.S.; requiring anesthesiologist assistants to maintain medical malpractice insurance or provide proof of financial responsibility as a condition of licensure or licensure renewal; amending ss. 458.331 and 459.015, F.S.; revising grounds for which a physician may be disciplined for failing to provide adequate supervision; providing penalties; creating ss. 458.3475 and 459.023, F.S.; providing definitions; providing performance standards for anesthesiologist assistants and supervising anesthesiologists; providing for the approval of training programs and for services authorized to be performed by trainees; providing licensing procedures; providing for fees; providing for a task force to study the continued need for licensure and requiring a report; providing for additional membership, powers, and duties of the Board of Medicine and the Board of Osteopathic Medicine; providing penalties; providing for disciplinary actions; providing for the adoption of rules; prescribing liability; providing for the allocation of fees; providing an effective date.

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

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

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



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30 (1) As a prerequisite for licensure or license renewal,  
31 the Board of Acupuncture, the Board of Chiropractic Medicine,  
32 the Board of Podiatric Medicine, and the Board of Dentistry  
33 shall, by rule, require that all health care practitioners  
34 licensed under the respective board, and the Board of Medicine  
35 and the Board of Osteopathic Medicine shall, by rule, require  
36 that all anesthesiologist assistants licensed pursuant to s.  
37 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
38 require that advanced registered nurse practitioners certified  
39 under s. 464.012, and the department shall, by rule, require  
40 that midwives maintain medical malpractice insurance or provide  
41 proof of financial responsibility in an amount and in a manner  
42 determined by the board or department to be sufficient to cover  
43 claims arising out of the rendering of or failure to render  
44 professional care and services in this state.

45 (2) The board or department may grant exemptions upon  
46 application by practitioners meeting any of the following  
47 criteria:

48 (a) Any person licensed under chapter 457, s. 458.3475, s.  
49 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or  
50 chapter 467 who practices exclusively as an officer, employee,  
51 or agent of the Federal Government or of the state or its  
52 agencies or its subdivisions. For the purposes of this  
53 subsection, an agent of the state, its agencies, or its  
54 subdivisions is a person who is eligible for coverage under any  
55 self-insurance or insurance program authorized by the provisions  
56 of s. 768.28(15) or who is a volunteer under s. 110.501(1).

57 (b) Any person whose license or certification has become  
58 inactive under chapter 457, s. 458.3475, s. 459.023, chapter  
59 460, chapter 461, part I of chapter 464, chapter 466, or chapter



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60 467 and who is not practicing in this state. Any person applying  
61 for reactivation of a license must show either that such  
62 licensee maintained tail insurance coverage which provided  
63 liability coverage for incidents that occurred on or after  
64 October 1, 1993, or the initial date of licensure in this state,  
65 whichever is later, and incidents that occurred before the date  
66 on which the license became inactive; or such licensee must  
67 submit an affidavit stating that such licensee has no  
68 unsatisfied medical malpractice judgments or settlements at the  
69 time of application for reactivation.

70 (c) Any person holding a limited license pursuant to s.  
71 456.015, and practicing under the scope of such limited license.

72 (d) Any person licensed or certified under chapter 457, s.  
73 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012,  
74 chapter 466, or chapter 467 who practices only in conjunction  
75 with his or her teaching duties at an accredited school or in  
76 its main teaching hospitals. Such person may engage in the  
77 practice of medicine to the extent that such practice is  
78 incidental to and a necessary part of duties in connection with  
79 the teaching position in the school.

80 (e) Any person holding an active license or certification  
81 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter  
82 461, s. 464.012, chapter 466, or chapter 467 who is not  
83 practicing in this state. If such person initiates or resumes  
84 practice in this state, he or she must notify the department of  
85 such activity.

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



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89 (3) Notwithstanding the provisions of this section, the  
90 financial responsibility requirements of ss. 458.320 and  
91 459.0085 shall continue to apply to practitioners licensed under  
92 those chapters, except for anesthesiologist assistants licensed  
93 pursuant to s. 458.3475 or s. 459.023 who must meet the  
94 requirements of this section.

95 Section 2. Paragraph (dd) of subsection (1) of section  
96 458.331, Florida Statutes, is amended to read:

97 458.331 Grounds for disciplinary action; action by the  
98 board and department.--

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

101 (dd) Failing to supervise adequately the activities of  
102 those physician assistants, paramedics, emergency medical  
103 technicians, ~~or~~ advanced registered nurse practitioners, or  
104 anesthesiologist assistants acting under the supervision of the  
105 physician.

106 Section 3. Section 458.3475, Florida Statutes, is created  
107 to read:

108 458.3475 Anesthesiologist assistants.--

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

110 (a) "Anesthesiologist" means an allopathic physician who  
111 holds an active, unrestricted license, who has successfully  
112 completed an anesthesiology training program approved by the  
113 Accreditation Council for Graduate Medical Education, or its  
114 equivalent, and who is certified by the American Board of  
115 Anesthesiology or is eligible to take that board's examination  
116 or is certified by the Board of Certification in Anesthesiology  
117 affiliated with the American Association of Physician  
118 Specialists, Inc.



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119        (b) "Anesthesiologist assistant" means a graduate of an  
120 approved program who is licensed to perform medical services  
121 delegated and directly supervised by a supervising  
122 anesthesiologist.

123        (c) "Anesthesiology" means the practice of medicine that  
124 specializes in the relief of pain during and after surgical  
125 procedures and childbirth, during certain chronic disease  
126 processes, and during resuscitation and critical care of  
127 patients in the operating room and intensive care environments.

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

131        (e) "Boards" means the Board of Medicine and the Board of  
132 Osteopathic Medicine.

133        (f) "Continuing medical education" means courses  
134 recognized and approved by the boards, the American Academy of  
135 Physician Assistants, the American Medical Association, the  
136 American Osteopathic Association, the American Academy of  
137 Anesthesiologist Assistants, the American Society of  
138 Anesthesiologists, or the Accreditation Council for Continuing  
139 Medical Education.

140        (g) "Direct supervision" means supervision by an  
141 anesthesiologist who is present in the office or the surgical or  
142 obstetrical suite the anesthesiologist assistant is in and is  
143 immediately available to provide assistance and direction while  
144 anesthesia services are being performed.

145        (h) "Proficiency examination" means an entry-level  
146 examination approved by the boards, including examinations  
147 administered by the National Commission for Certification of  
148 Anesthesiologist Assistants.



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

151        (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

152        (a) An anesthesiologist who directly supervises an  
153 anesthesiologist assistant must be qualified in the medical  
154 areas in which the anesthesiologist assistant performs and is  
155 liable for the performance of the anesthesiologist assistant. An  
156 anesthesiologist may only supervise two anesthesiologist  
157 assistants at the same time. The board may, by rule, allow an  
158 anesthesiologist to supervise up to four anesthesiologist  
159 assistants, after July 1, 2006.

160        (b) An anesthesiologist or group of anesthesiologists  
161 must, upon establishing a supervisory relationship with an  
162 anesthesiologist assistant, file with the board a written  
163 protocol that includes, at a minimum:

164            1. The name, address, and license number of the  
165 anesthesiologist assistant.

166            2. The name, address, license number, and federal Drug  
167 Enforcement Administration number of each physician who will be  
168 supervising the anesthesiologist assistant.

169            3. The address of the anesthesiologist assistant's primary  
170 practice location and the address of any other locations where  
171 the anesthesiologist assistant may practice.

172            4. The date the protocol was developed and the dates of  
173 all revisions.

174            5. The signatures of the anesthesiologist assistant and  
175 all supervising physicians.

176            6. The duties and functions of the anesthesiologist  
177 assistant.



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

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

182  
183 The protocol must be on file with the board before the  
184 anesthesiologist assistant may practice with the  
185 anesthesiologist or group. An anesthesiologist assistant may not  
186 practice unless a written protocol has been filed for that  
187 anesthesiologist assistant in accordance with this paragraph,  
188 and the anesthesiologist assistant may only practice under the  
189 direct supervision of an anesthesiologist who has signed the  
190 protocol. The protocol must be updated biennially.

191 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

192 (a) An anesthesiologist assistant may assist an  
193 anesthesiologist in developing and implementing an anesthesia  
194 care plan for a patient. In providing assistance to an  
195 anesthesiologist, an anesthesiologist assistant may perform  
196 duties established by rule by the board in any of the following  
197 functions that are included in the anesthesiologist assistant's  
198 protocol while under the direct supervision of an  
199 anesthesiologist:

200 1. Obtain a comprehensive patient history and present the  
201 history to the supervising anesthesiologist.

202 2. Pretest and calibrate anesthesia delivery systems and  
203 monitor, obtain, and interpret information from the systems and  
204 monitors.

205 3. Assist the supervising anesthesiologist with the  
206 implementation of medically accepted monitoring techniques.



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- 207       4. Establish basic and advanced airway interventions,  
208 including intubation of the trachea and performing ventilatory  
209 support.
- 210       5. Administer intermittent vasoactive drugs and start and  
211 adjust vasoactive infusions.
- 212       6. Administer anesthetic drugs, adjuvant drugs, and  
213 accessory drugs.
- 214       7. Assist the supervising anesthesiologist with the  
215 performance of epidural anesthetic procedures and spinal  
216 anesthetic procedures.
- 217       8. Administer blood, blood products, and supportive  
218 fluids.
- 219       9. Support life functions during anesthesia health care,  
220 including induction and intubation procedures, the use of  
221 appropriate mechanical supportive devices, and the management of  
222 fluid, electrolyte, and blood component balances.
- 223       10. Recognize and take appropriate corrective action for  
224 abnormal patient responses to anesthesia, adjunctive medication,  
225 or other forms of therapy.
- 226       11. Participate in management of the patient while in the  
227 postanesthesia recovery area, including the administration of  
228 any supporting fluids or drugs.
- 229       12. Place special peripheral and central venous and  
230 arterial lines for blood sampling and monitoring as appropriate.
- 231       (b) Nothing in this section or chapter prevents third-  
232 party payors from reimbursing employers of anesthesiologist  
233 assistants for covered services rendered by such  
234 anesthesiologist assistants.
- 235       (c) An anesthesiologist assistant must clearly convey to  
236 the patient that he or she is an anesthesiologist assistant.





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237 (d) An anesthesiologist assistant may perform anesthesia  
238 tasks and services within the framework of a written practice  
239 protocol developed between the supervising anesthesiologist and  
240 the anesthesiologist assistant.

241 (e) An anesthesiologist assistant may not prescribe,  
242 order, or compound any controlled substance, legend drug, or  
243 medical device, nor may an anesthesiologist assistant dispense  
244 sample drugs to patients. Nothing in this paragraph prohibits an  
245 anesthesiologist assistant from administering legend drugs or  
246 controlled substances, intravenous drugs, fluids, or blood  
247 products, or inhalation or other anesthetic agents to patients  
248 that are ordered by the supervising anesthesiologist, and  
249 administered while under the direct supervision of the  
250 supervising anesthesiologist.

251 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is  
252 exempt from the requirements of this chapter while the trainee  
253 is performing assigned tasks as a trainee in conjunction with an  
254 approved program. Before providing anesthesia services,  
255 including the administration of anesthesia in conjunction with  
256 the requirements of an approved program, the trainee must  
257 clearly convey to the patient that he or she is a trainee.

258 (5) PROGRAM APPROVAL.--The boards shall approve programs  
259 for the education and training of anesthesiologist assistants  
260 which meet standards established by the boards by rule. The  
261 boards may recommend only those anesthesiologist assistant  
262 training programs that hold full accreditation or provisional  
263 accreditation from the Commission on Accreditation of Allied  
264 Health Education Programs.

265 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--



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266 (a) Any person desiring to be licensed as an  
267 anesthesiologist assistant must apply to the department. The  
268 department shall issue a license to any person certified by the  
269 board to:

270 1. Be at least 18 years of age.

271 2. Have satisfactorily passed a proficiency examination  
272 with a score established by the National Commission for  
273 Certification of Anesthesiologist Assistants.

274 3. Have:

275 a. Practiced as an anesthesiologist assistant in another  
276 state for at least 12 months without a finding of an adverse  
277 incident;

278 b. A degree or prior licensure in an allied health care  
279 field, including, but not limited to, respiratory therapy,  
280 occupational therapy, nursing, dental hygiene, physician  
281 assistant, paramedic, emergency medical technician, or  
282 midwifery;

283 c. A baccalaureate or higher degree from a program at an  
284 institution of higher education accredited by an organization  
285 recognized by the Board of Medicine in one of the following  
286 areas of study:

287 (I) General biology;

288 (II) General chemistry;

289 (III) Organic chemistry;

290 (IV) Physics; or

291 (V) Another field of study which includes sufficient  
292 courses in chemistry, biology, and life sciences to meet the  
293 criteria for admission to a medical school accredited by an  
294 organization recognized by the Board of Medicine; or

295 d. Unless meeting the requirements of sub-subparagraph a.,



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296 successfully completed a graduate-level training program  
297 approved by the Board of Medicine and accredited by the  
298 Commission on Accreditation of Allied Health Education Programs  
299 or any of the commission's successor organizations which is  
300 conducted for the purpose of preparing individuals to practice  
301 as anesthesiologist assistants and which included at minimum all  
302 of the following components:

303 (I) Basic sciences of anesthesia: physiology,  
304 pathophysiology, anatomy, and biochemistry, presented as a  
305 continuum of didactic courses designed to teach students the  
306 foundations of human biological existence on which clinical  
307 correlations to anesthesia practice are based.

308 (II) Pharmacology for the anesthetic sciences, including  
309 instruction in the anesthetic principles of pharmacology,  
310 pharmacodynamics, pharmacokinetics, uptake and distribution,  
311 intravenous anesthetics and narcotics, and volatile anesthetics.

312 (III) Physics in anesthesia.

313 (IV) Fundamentals of anesthetic sciences, presented as a  
314 continuum of courses covering a series of topics in basic  
315 medical sciences with special emphasis on the effects of  
316 anesthetics on normal physiology and pathophysiology.

317 (V) Patient instrumentation and monitoring, presented as a  
318 continuum of courses focusing on the design, proper preparation,  
319 and proper methods of resolving problems that arise with  
320 anesthesia equipment, and providing a balance between the  
321 engineering concepts used in anesthesia instruments and the  
322 clinical application of anesthesia instruments.

323 (VI) Clinically based conferences in which techniques of  
324 anesthetic management, quality assurance issues, and current  
325 professional literature are reviewed from the perspective of



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326 practice improvement.

327 (VII) Clinical experience consisting of at least 2,500  
328 hours of direct patient contact, presented as a continuum of  
329 courses throughout the entirety of the program, beginning with a  
330 gradual introduction of the techniques for the anesthetic  
331 management of patients and culminating in the assimilation of  
332 the graduate of the program into the work force.

333 (IX) Unless meeting the requirements of sub-subparagraph  
334 b., successful completion of at least a 3-month postgraduate  
335 clinical one-on-one training program with an anesthesiologist in  
336 a manner approved by the Board of Medicine.

337 4. Be certified in advanced cardiac life support.

338 5. Have completed the application form and remitted an  
339 application fee, not to exceed \$1,000, as set by the boards. An  
340 application must include:

341 a. A certificate of completion of approved training as  
342 provided in subparagraph 3.

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

344 c. A sworn statement of any prior discipline or denial of  
345 licensure or certification in any state.

346 d. Two letters of recommendation from anesthesiologists.

347 (b) A license must be renewed biennially. Each renewal  
348 must include:

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

351 2. A sworn statement of no felony convictions in the  
352 immediately preceding 2 years.

353 (c) Each licensed anesthesiologist assistant must  
354 biennially complete 40 hours of continuing medical education or



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355 hold a current certificate issued by the National Commission for  
356 Certification of Anesthesiologist Assistants or its successor.

357 (d) An anesthesiologist assistant must notify the  
358 department in writing within 30 days after obtaining employment  
359 that requires a license under this chapter and after any  
360 subsequent change in his or her supervising anesthesiologist.  
361 The notification must include the full name, license number,  
362 specialty, and address of the supervising anesthesiologist.  
363 Submission of the required protocol satisfies this requirement.

364 (e) The Board of Medicine may impose upon an  
365 anesthesiologist assistant any penalty specified in s. 456.072  
366 or s. 458.331(2) if the anesthesiologist assistant or the  
367 supervising anesthesiologist is found guilty of or is  
368 investigated for an act that constitutes a violation of this  
369 chapter or chapter 456.

370 (f) The Board of Medicine and the Board of Osteopathic  
371 Medicine shall appoint a task force of at least five members,  
372 with one member each from the Board of Medicine, the Board of  
373 Osteopathic Medicine, the Department of Health, Nova  
374 Southeastern University, and one of the medical schools in this  
375 state. The task force shall study the requirements of this  
376 section and issue a report to the Secretary of Health by March  
377 1, 2005, concerning the continued need for the requirements of  
378 this subsection.

379 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO  
380 ADVISE THE BOARD.--

381 (a) The chair of the board may appoint an anesthesiologist  
382 and an anesthesiologist assistant to advise the board as to the  
383 promulgation of rules for the licensure of anesthesiologist  
384 assistants. The board may utilize a committee structure that is



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385 most practicable in order to receive any recommendations to the  
386 board regarding rules and all matters relating to  
387 anesthesiologist assistants, including, but not limited to,  
388 recommendations to improve safety in the clinical practices of  
389 licensed anesthesiologist assistants.

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

392 1. Recommend to the department the licensure of  
393 anesthesiologist assistants.

394 2. Develop all rules regulating the use of  
395 anesthesiologist assistants by qualified anesthesiologists under  
396 this chapter and chapter 459, except for rules relating to the  
397 formulary developed under s. 458.347(4)(f). The board shall also  
398 develop rules to ensure that the continuity of supervision is  
399 maintained in each practice setting. The boards shall consider  
400 adopting a proposed rule at the regularly scheduled meeting  
401 immediately following the submission of the proposed rule. A  
402 proposed rule may not be adopted by either board unless both  
403 boards have accepted and approved the identical language  
404 contained in the proposed rule. The language of all proposed  
405 rules must be approved by both boards pursuant to each  
406 respective board's guidelines and standards regarding the  
407 adoption of proposed rules.

408 3. Address concerns and problems of practicing  
409 anesthesiologist assistants to improve safety in the clinical  
410 practices of licensed anesthesiologist assistants.

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



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- 415 1. Refuse to certify the applicant for licensure;
- 416 2. Approve the applicant for licensure with restrictions
- 417 on the scope of practice or license; or
- 418 3. Approve the applicant for conditional licensure. Such
- 419 conditions may include placement of the licensee on probation
- 420 for a period of time and subject to such conditions as the board
- 421 may specify, including, but not limited to, requiring the
- 422 licensee to undergo treatment, to attend continuing education
- 423 courses, or to take corrective action.

424 (8) PENALTY.--A person who falsely holds himself or  
 425 herself out as an anesthesiologist assistant commits a felony of  
 426 the third degree, punishable as provided in s. 775.082, s.  
 427 775.083, or s. 775.084.

428 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The  
 429 board may deny, suspend, or revoke the license of an  
 430 anesthesiologist assistant who the board determines has violated  
 431 any provision of this section or chapter or any rule adopted  
 432 pursuant thereto.

433 (10) RULES.--The boards shall adopt rules to implement  
 434 this section.

435 (11) LIABILITY.--A supervising anesthesiologist is liable  
 436 for any act or omission of an anesthesiologist assistant acting  
 437 under the anesthesiologist's supervision and control and shall  
 438 comply with the financial responsibility requirements of this  
 439 chapter and chapter 456, as applicable.

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

442 Section 4. Paragraph (hh) of subsection (1) of section  
 443 459.015, Florida Statutes, is amended to read:



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444 459.015 Grounds for disciplinary action; action by the  
 445 board and department.--

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

448 (hh) Failing to supervise adequately the activities of  
 449 those physician assistants, paramedics, emergency medical  
 450 technicians, advanced registered nurse practitioners,  
 451 anesthesiologist assistants, or other persons acting under the  
 452 supervision of the osteopathic physician.

453 Section 5. Section 459.023, Florida Statutes, is created  
 454 to read:

455 459.023 Anesthesiologist assistants.--

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

457 (a) "Anesthesiologist" means an osteopathic physician who  
 458 holds an active, unrestricted license, who has successfully  
 459 completed an anesthesiology training program approved by the  
 460 Accreditation Council for Graduate Medical Education, or its  
 461 equivalent, or the American Osteopathic Association, and who is  
 462 certified by the American Osteopathic Board of Anesthesiology or  
 463 is eligible to take that board's examination, is certified by  
 464 the American Board of Anesthesiology or is eligible to take that  
 465 board's examination, or is certified by the Board of  
 466 Certification in Anesthesiology affiliated with the American  
 467 Association of Physician Specialists, Inc.

468 (b) "Anesthesiologist assistant" means a graduate of an  
 469 approved program who is licensed to perform medical services  
 470 delegated and directly supervised by a supervising  
 471 anesthesiologist.

472 (c) "Anesthesiology" means the practice of medicine that  
 473 specializes in the relief of pain during and after surgical





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474 procedures and childbirth, during certain chronic disease  
 475 processes, and during resuscitation and critical care of  
 476 patients in the operating room and intensive care environments.

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

480 (e) "Boards" means the Board of Medicine and the Board of  
 481 Osteopathic Medicine.

482 (f) "Continuing medical education" means courses  
 483 recognized and approved by the boards, the American Academy of  
 484 Physician Assistants, the American Medical Association, the  
 485 American Osteopathic Association, the American Academy of  
 486 Anesthesiologist Assistants, the American Society of  
 487 Anesthesiologists, or the Accreditation Council for Continuing  
 488 Medical Education.

489 (g) "Direct supervision" means supervision by an  
 490 anesthesiologist who is present in the office or the surgical or  
 491 obstetrical suite the anesthesiologist assistant is in and is  
 492 immediately available to provide assistance and direction while  
 493 anesthesia services are being performed.

494 (h) "Proficiency examination" means an entry-level  
 495 examination approved by the boards, including examinations  
 496 administered by the National Commission for Certification of  
 497 Anesthesiologist Assistants.

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

500 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

501 (a) An anesthesiologist who directly supervises an  
 502 anesthesiologist assistant must be qualified in the medical  
 503 areas in which the anesthesiologist assistant performs, and is



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504 liable for the performance of the anesthesiologist assistant. An  
 505 anesthesiologist may only supervise two anesthesiologist  
 506 assistants at the same time. The board may, by rule, allow an  
 507 anesthesiologist to supervise up to four anesthesiologist  
 508 assistants, after July 1, 2006.

509 (b) An anesthesiologist or group of anesthesiologists  
 510 must, upon establishing a supervisory relationship with an  
 511 anesthesiologist assistant, file with the board a written  
 512 protocol that includes, at a minimum:

513 1. The name, address, and license number of the  
 514 anesthesiologist assistant.

515 2. The name, address, license number, and federal Drug  
 516 Enforcement Administration number of each physician who will be  
 517 supervising the anesthesiologist assistant.

518 3. The address of the anesthesiologist assistant's primary  
 519 practice location and the address of any other locations where  
 520 the anesthesiologist assistant may practice.

521 4. The date the protocol was developed and the dates of  
 522 all revisions.

523 5. The signatures of the anesthesiologist assistant and  
 524 all supervising physicians.

525 6. The duties and functions of the anesthesiologist  
 526 assistant.

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

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

531  
 532 The protocol must be on file with the board before the  
 533 anesthesiologist assistant may practice with the



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534 anesthesiologist or group. An anesthesiologist assistant may not  
535 practice unless a written protocol has been filed for that  
536 anesthesiologist assistant in accordance with this paragraph,  
537 and the anesthesiologist assistant may only practice under the  
538 direct supervision of an anesthesiologist who has signed the  
539 protocol. The protocol must be updated biennially.

540 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

541 (a) An anesthesiologist assistant may assist an  
542 anesthesiologist in developing and implementing an anesthesia  
543 care plan for a patient. In providing assistance to an  
544 anesthesiologist, an anesthesiologist assistant may perform  
545 duties established by rule by the board in any of the following  
546 functions that are included in the anesthesiologist assistant's  
547 protocol while under the direct supervision of an  
548 anesthesiologist:

549 1. Obtain a comprehensive patient history and present the  
550 history to the supervising anesthesiologist.

551 2. Pretest and calibrate anesthesia delivery systems and  
552 monitor, obtain, and interpret information from the systems and  
553 monitors.

554 3. Assist the supervising anesthesiologist with the  
555 implementation of medically accepted monitoring techniques.

556 4. Establish basic and advanced airway interventions,  
557 including intubation of the trachea and performing ventilatory  
558 support.

559 5. Administer intermittent vasoactive drugs and start and  
560 adjust vasoactive infusions.

561 6. Administer anesthetic drugs, adjuvant drugs, and  
562 accessory drugs.



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563 7. Assist the supervising anesthesiologist with the  
564 performance of epidural anesthetic procedures and spinal  
565 anesthetic procedures.

566 8. Administer blood, blood products, and supportive  
567 fluids.

568 9. Support life functions during anesthesia health care,  
569 including induction and intubation procedures, the use of  
570 appropriate mechanical supportive devices, and the management of  
571 fluid, electrolyte, and blood component balances.

572 10. Recognize and take appropriate corrective action for  
573 abnormal patient responses to anesthesia, adjunctive medication,  
574 or other forms of therapy.

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

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

580 (b) Nothing in this section or chapter prevents third-  
581 party payors from reimbursing employers of anesthesiologist  
582 assistants for covered services rendered by such  
583 anesthesiologist assistants.

584 (c) An anesthesiologist assistant must clearly convey to  
585 the patient that she or he is an anesthesiologist assistant.

586 (d) An anesthesiologist assistant may perform anesthesia  
587 tasks and services within the framework of a written practice  
588 protocol developed between the supervising anesthesiologist and  
589 the anesthesiologist assistant.

590 (e) An anesthesiologist assistant may not prescribe,  
591 order, or compound any controlled substance, legend drug, or  
592 medical devices, nor may an anesthesiologist assistant dispense



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593 sample drugs to patients. Nothing in this paragraph prohibits an  
 594 anesthesiologist assistant from administering legend drugs or  
 595 controlled substances, intravenous drugs, fluids, or blood  
 596 products, or inhalation or other anesthetic agents to patients  
 597 while under the direct supervision of an anesthesiologist.

598 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is  
 599 exempt from the requirements of this chapter while the trainee  
 600 is performing assigned tasks as a trainee in conjunction with an  
 601 approved program. Before providing anesthesia services,  
 602 including the administration of anesthesia in conjunction with  
 603 the requirements of an approved program, the trainee must  
 604 clearly convey to the patient that she or he is a trainee.

605 (5) PROGRAM APPROVAL.--The boards shall approve programs  
 606 for the education and training of anesthesiologist assistants  
 607 which meet standards established by the boards by rule. The  
 608 boards may recommend only those anesthesiologist assistant  
 609 training programs that hold full accreditation or provisional  
 610 accreditation from the Commission on Accreditation of Allied  
 611 Health Education Programs.

612 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

613 (a) Any person desiring to be licensed as an  
 614 anesthesiologist assistant must apply to the department. The  
 615 department shall issue a license to any person certified by the  
 616 board to:

- 617 1. Be at least 18 years of age.
- 618 2. Have satisfactorily passed a proficiency examination  
 619 with a score established by the National Commission for  
 620 Certification of Anesthesiologist Assistants.

621 3. Have:

- 622 a. Practiced as an anesthesiologist assistant in another



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623 state for at least 12 months without a finding of an adverse  
624 incident;

625 b. A degree or prior licensure in an allied health care  
626 field, including, but not limited to, respiratory therapy,  
627 occupational therapy, nursing, dental hygiene, physician  
628 assistant, paramedic, emergency medical technician, or  
629 midwifery;

630 c. A baccalaureate or higher degree from a program at an  
631 institution of higher education accredited by an organization  
632 recognized by the Board of Osteopathic Medicine in one of the  
633 following areas of study:

634 (I) General biology;

635 (II) General chemistry;

636 (III) Organic chemistry;

637 (IV) Physics; or

638 (V) Another field of study which includes sufficient  
639 courses in chemistry, biology, and life sciences to meet the  
640 criteria for admission to a medical school accredited by an  
641 organization recognized by the Board of Osteopathic Medicine; or

642 d. Unless meeting the requirements of sub-subparagraph a.,  
643 successfully completed a graduate-level training program  
644 approved by the Board of Osteopathic Medicine and accredited by  
645 the Commission on Accreditation of Allied Health Education  
646 Programs or any of the commission's successor organizations  
647 which is conducted for the purpose of preparing individuals to  
648 practice as anesthesiologist assistants and which included at  
649 minimum all of the following components:

650 (I) Basic sciences of anesthesia: physiology,  
651 pathophysiology, anatomy, and biochemistry, presented as a  
652 continuum of didactic courses designed to teach students the



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653 foundations of human biological existence on which clinical  
654 correlations to anesthesia practice are based.

655 (II) Pharmacology for the anesthetic sciences, including  
656 instruction in the anesthetic principles of pharmacology,  
657 pharmacodynamics, pharmacokinetics, uptake and distribution,  
658 intravenous anesthetics and narcotics, and volatile anesthetics.

659 (III) Physics in anesthesia.

660 (IV) Fundamentals of anesthetic sciences, presented as a  
661 continuum of courses covering a series of topics in basic  
662 medical sciences with special emphasis on the effects of  
663 anesthetics on normal physiology and pathophysiology.

664 (V) Patient instrumentation and monitoring, presented as a  
665 continuum of courses focusing on the design, proper preparation,  
666 and proper methods of resolving problems that arise with  
667 anesthesia equipment, and providing a balance between the  
668 engineering concepts used in anesthesia instruments and the  
669 clinical application of anesthesia instruments.

670 (VI) Clinically based conferences in which techniques of  
671 anesthetic management, quality assurance issues, and current  
672 professional literature are reviewed from the perspective of  
673 practice improvement.

674 (VII) Clinical experience consisting of at least 2,500  
675 hours of direct patient contact, presented as a continuum of  
676 courses throughout the entirety of the program, beginning with a  
677 gradual introduction of the techniques for the anesthetic  
678 management of patients and culminating in the assimilation of  
679 the graduate of the program into the work force.

680 (IX) Unless meeting the requirements of sub-subparagraph  
681 b., successful completion of at least a 3-month postgraduate  
682 clinical one-on-one training program with an anesthesiologist in



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- 683 a manner approved by the Board of Osteopathic Medicine.
- 684 4. Be certified in advanced cardiac life support.
- 685 5. Have completed the application form and remitted an
- 686 application fee, not to exceed \$1,000, as set by the boards. An
- 687 application must include:
- 688 a. A certificate of completion of approved training as
- 689 provided in subparagraph 3.
- 690 b. A sworn statement of any prior felony convictions.
- 691 c. A sworn statement of any prior discipline or denial of
- 692 licensure or certification in any state.
- 693 d. Two letters of recommendation from anesthesiologists.
- 694 (b) A license must be renewed biennially. Each renewal
- 695 must include:
- 696 1. A renewal fee, not to exceed \$1,000, as set by the
- 697 boards.
- 698 2. A sworn statement of no felony convictions in the
- 699 immediately preceding 2 years.
- 700 (c) Each licensed anesthesiologist assistant must
- 701 biennially complete 40 hours of continuing medical education or
- 702 hold a current certificate issued by the National Commission for
- 703 Certification of Anesthesiologist Assistants or its successor.
- 704 (d) An anesthesiologist assistant must notify the
- 705 department in writing within 30 days after obtaining employment
- 706 that requires a license under this chapter and after any
- 707 subsequent change in her or his supervising anesthesiologist.
- 708 The notification must include the full name, license number,
- 709 specialty, and address of the supervising anesthesiologist.
- 710 Submission of the required protocol satisfies this requirement.
- 711 (e) The Board of Osteopathic Medicine may impose upon an
- 712 anesthesiologist assistant any penalty specified in s. 456.072





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713 or s. 459.015(2) if the anesthesiologist assistant or the  
714 supervising anesthesiologist is found guilty of or is  
715 investigated for an act that constitutes a violation of this  
716 chapter or chapter 456.

717 (f) The Board of Medicine and the Board of Osteopathic  
718 Medicine shall appoint a task force of at least five members,  
719 with one member each from the Board of Medicine, the Board of  
720 Osteopathic Medicine, the Department of Health, Nova  
721 Southeastern University, and one of the medical schools in this  
722 state. The task force shall study the requirements of this  
723 section and issue a report to the Secretary of Health by March  
724 1, 2005, concerning the continued need for the requirements of  
725 this subsection.

726 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO  
727 ADVISE THE BOARD.--

728 (a) The chair of the board may appoint an anesthesiologist  
729 and an anesthesiologist assistant to advise the board as to the  
730 promulgation of rules for the licensure of anesthesiologist  
731 assistants. The board may utilize a committee structure that is  
732 most practicable in order to receive any recommendations to the  
733 board regarding rules and all matters relating to  
734 anesthesiologist assistants, including, but not limited to,  
735 recommendations to improve safety in the clinical practices of  
736 licensed anesthesiologist assistants.

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

739 1. Recommend to the department the licensure of  
740 anesthesiologist assistants.

741 2. Develop all rules regulating the use of  
742 anesthesiologist assistants by qualified anesthesiologists under



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743 this chapter and chapter 458, except for rules relating to the  
744 formulary developed under s. 458.347(4)(f). The board shall also  
745 develop rules to ensure that the continuity of supervision is  
746 maintained in each practice setting. The boards shall consider  
747 adopting a proposed rule at the regularly scheduled meeting  
748 immediately following the submission of the proposed rule. A  
749 proposed rule may not be adopted by either board unless both  
750 boards have accepted and approved the identical language  
751 contained in the proposed rule. The language of all proposed  
752 rules must be approved by both boards pursuant to each  
753 respective board's guidelines and standards regarding the  
754 adoption of proposed rules.

755 3. Address concerns and problems of practicing  
756 anesthesiologist assistants to improve safety in the clinical  
757 practices of licensed anesthesiologist assistants.

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

762 1. Refuse to certify the applicant for licensure;

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

765 3. Approve the applicant for conditional licensure. Such  
766 conditions may include placement of the licensee on probation  
767 for a period of time and subject to such conditions as the board  
768 may specify, including, but not limited to, requiring the  
769 licensee to undergo treatment, to attend continuing education  
770 courses, or to take corrective action.

771 (8) PENALTY.--A person who falsely holds herself or  
772 himself out as an anesthesiologist assistant commits a felony of



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773 the third degree, punishable as provided in s. 775.082, s.  
774 775.083, or s. 775.084.

775 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The  
776 board may deny, suspend, or revoke the license of an  
777 anesthesiologist assistant who the board determines has violated  
778 any provision of this section or chapter or any rule adopted  
779 pursuant thereto.

780 (10) RULES.--The boards shall adopt rules to implement  
781 this section.

782 (11) LIABILITY.--A supervising anesthesiologist is liable  
783 for any act or omission of an anesthesiologist assistant acting  
784 under the anesthesiologist's supervision and control and shall  
785 comply with the financial responsibility requirements of this  
786 chapter and chapter 456, as applicable.

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

789 Section 6. This act shall take effect July 1, 2003.