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CHAMBER ACTION

The Committee on Health Care recommends the following:

Committee Substitute

Remove the entire bill and insert:

A bill to be entitled

An act relating to anesthesiologist assistants; amending s. 456.048, F.S.; requiring the Board of Medicine and the Board of Osteopathic Medicine to require medical malpractice insurance or proof of financial responsibility as a condition of licensure or licensure renewal for licensed anesthesiology assistants; 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 powers and duties of the Board of Medicine and the Board of Osteopathic Medicine; providing



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29 penalties; providing for disciplinary actions; providing
 30 for the adoption of rules; prescribing liability;
 31 providing for the allocation of fees; providing an
 32 effective date.

33

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

35

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

38 456.048 Financial responsibility requirements for certain
 39 health care practitioners.--

40 (1) As a prerequisite for licensure or license renewal,
 41 the Board of Acupuncture, the Board of Chiropractic Medicine,
 42 the Board of Podiatric Medicine, and the Board of Dentistry
 43 shall, by rule, require that all health care practitioners
 44 licensed under the respective board, and the Board of Medicine
 45 and the Board of Osteopathic Medicine shall, by rule, require
 46 that all anesthesiologist assistants licensed pursuant to s.
 47 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,
 48 require that advanced registered nurse practitioners certified
 49 under s. 464.012, and the department shall, by rule, require
 50 that midwives maintain medical malpractice insurance or provide
 51 proof of financial responsibility in an amount and in a manner
 52 determined by the board or department to be sufficient to cover
 53 claims arising out of the rendering of or failure to render
 54 professional care and services in this state.



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55 (2) The board or department may grant exemptions upon
56 application by practitioners meeting any of the following
57 criteria:

58 (a) Any person licensed under chapter 457, s. 458.3475, s.
59 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or
60 chapter 467 who practices exclusively as an officer, employee,
61 or agent of the Federal Government or of the state or its
62 agencies or its subdivisions. For the purposes of this
63 subsection, an agent of the state, its agencies, or its
64 subdivisions is a person who is eligible for coverage under any
65 self-insurance or insurance program authorized by the provisions
66 of s. 768.28(15) or who is a volunteer under s. 110.501(1).

67 (b) Any person whose license or certification has become
68 inactive under chapter 457, s. 458.3475, s. 459.023, chapter
69 460, chapter 461, part I of chapter 464, chapter 466, or chapter
70 467 and who is not practicing in this state. Any person applying
71 for reactivation of a license must show either that such
72 licensee maintained tail insurance coverage which provided
73 liability coverage for incidents that occurred on or after
74 October 1, 1993, or the initial date of licensure in this state,
75 whichever is later, and incidents that occurred before the date
76 on which the license became inactive; or such licensee must
77 submit an affidavit stating that such licensee has no
78 unsatisfied medical malpractice judgments or settlements at the
79 time of application for reactivation.

80 (c) Any person holding a limited license pursuant to s.
81 456.015, and practicing under the scope of such limited license.



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82 (d) Any person licensed or certified under chapter 457, s.
83 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012,
84 chapter 466, or chapter 467 who practices only in conjunction
85 with his or her teaching duties at an accredited school or in
86 its main teaching hospitals. Such person may engage in the
87 practice of medicine to the extent that such practice is
88 incidental to and a necessary part of duties in connection with
89 the teaching position in the school.

90 (e) Any person holding an active license or certification
91 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
92 461, s. 464.012, chapter 466, or chapter 467 who is not
93 practicing in this state. If such person initiates or resumes
94 practice in this state, he or she must notify the department of
95 such activity.

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

99 (3) Notwithstanding the provisions of this section, the
100 financial responsibility requirements of ss. 458.320 and
101 459.0085 shall continue to apply to practitioners licensed under
102 those chapters, except for anesthesiologist assistants licensed
103 pursuant to s. 458.3475 or s. 459.023 who must meet the
104 requirements of this section.

105 Section 2. Paragraph (dd) of subsection (1) of section
106 458.331, Florida Statutes, is amended to read:

107 458.331 Grounds for disciplinary action; action by the
108 board and department.--



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

111 (dd) Failing to supervise adequately the activities of
112 those physician assistants, paramedics, emergency medical
113 technicians, ~~or~~ advanced registered nurse practitioners, or
114 anesthesiologist assistants acting under the supervision of the
115 physician.

116 Section 3. Section 458.3475, Florida Statutes, is created
117 to read:

118 458.3475 Anesthesiologist assistants.--

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

120 (a) "Anesthesiologist" means an allopathic physician who
121 holds an active, unrestricted license, who has successfully
122 completed an anesthesiology training program approved by the
123 Accreditation Council for Graduate Medical Education, or its
124 equivalent, and who is certified by the American Board of
125 Anesthesiology or is eligible to take that board's examination
126 or is certified by the Board of Certification in Anesthesiology
127 affiliated with the American Association of Physician
128 Specialists, Inc.

129 (b) "Anesthesiologist assistant" means a graduate of an
130 approved program who is licensed to perform medical services
131 delegated and directly supervised by a supervising
132 anesthesiologist.

133 (c) "Anesthesiology" means the practice of medicine that
134 specializes in the relief of pain during and after surgical
135 procedures and childbirth, during certain chronic disease



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136 processes, and during resuscitation and critical care of
137 patients in the operating room and intensive care environments.

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

141 (e) "Boards" means the Board of Medicine and the Board of
142 Osteopathic Medicine.

143 (f) "Continuing medical education" means courses
144 recognized and approved by the boards, the American Academy of
145 Physician Assistants, the American Medical Association, the
146 American Osteopathic Association, the American Academy of
147 Anesthesiologist Assistants, the American Society of
148 Anesthesiologists, or the Accreditation Council for Continuing
149 Medical Education.

150 (g) "Direct supervision" means supervision by an
151 anesthesiologist who is present in the office or the surgical or
152 obstetrical suite with the anesthesiologist assistant and is
153 immediately available to provide assistance and direction while
154 anesthesia services are being performed.

155 (h) "Proficiency examination" means an entry-level
156 examination approved by the boards, including examinations
157 administered by the National Commission for Certification of
158 Anesthesiologist Assistants.

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

161 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

162 (a) An anesthesiologist who directly supervises an
163 anesthesiologist assistant must be qualified in the medical



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164 areas in which the anesthesiologist assistant performs and is
165 liable for the performance of the anesthesiologist assistant. An
166 anesthesiologist may only supervise two anesthesiologist
167 assistants at the same time. The board may, by rule, allow an
168 anesthesiologist to supervise up to four anesthesiologist
169 assistants, after July 1, 2006.

170 (b) An anesthesiologist or group of anesthesiologists
171 must, upon establishing a supervisory relationship with an
172 anesthesiologist assistant, file with the board a written
173 protocol that includes, at a minimum:

174 1. The name, address, and license number of the
175 anesthesiologist assistant.

176 2. The name, address, license number, and federal Drug
177 Enforcement Administration number of each physician who will be
178 supervising the anesthesiologist assistant.

179 3. The address of the anesthesiologist assistant's primary
180 practice location and the address of any other locations where
181 the anesthesiologist assistant may practice.

182 4. The date the protocol was developed and the dates of
183 all revisions.

184 5. The signatures of the anesthesiologist assistant and
185 all supervising physicians.

186 6. The duties and functions of the anesthesiologist
187 assistant.

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

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



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192
193 The protocol must be on file with the board before the
194 anesthesiologist assistant may practice with the
195 anesthesiologist or group. An anesthesiologist assistant may not
196 practice unless a written protocol has been filed for that
197 anesthesiologist assistant in accordance with this paragraph,
198 and the anesthesiologist assistant may only practice under the
199 direct supervision of an anesthesiologist who has signed the
200 protocol. The protocol must be updated biennially.

201 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

202 (a) An anesthesiologist assistant may assist an
203 anesthesiologist in developing and implementing an anesthesia
204 care plan for a patient. In providing assistance to an
205 anesthesiologist, an anesthesiologist assistant may perform
206 duties established by rule by the board in any of the following
207 functions that are included in the anesthesiologist assistant's
208 protocol while under the direct supervision of an
209 anesthesiologist:

210 1. Obtain a comprehensive patient history and present the
211 history to the supervising anesthesiologist.

212 2. Pretest and calibrate anesthesia delivery systems and
213 monitor, obtain, and interpret information from the systems and
214 monitors.

215 3. Assist the supervising anesthesiologist with the
216 implementation of medically accepted monitoring techniques.

217 4. Establish basic and advanced airway interventions,
218 including intubation of the trachea and performing ventilatory
219 support.



220 5. Administer intermittent vasoactive drugs and start and
221 adjust vasoactive infusions.

222 6. Administer anesthetic drugs, adjuvant drugs, and
223 accessory drugs.

224 7. Assist the supervising anesthesiologist with the
225 performance of epidural anesthetic procedures and spinal
226 anesthetic procedures.

227 8. Administer blood, blood products, and supportive
228 fluids.

229 9. Support life functions during anesthesia health care,
230 including induction and intubation procedures, the use of
231 appropriate mechanical supportive devices, and the management of
232 fluid, electrolyte, and blood component balances.

233 10. Recognize and take appropriate corrective action for
234 abnormal patient responses to anesthesia, adjunctive medication,
235 or other forms of therapy.

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

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

241 (b) Nothing in this section or chapter prevents third-
242 party payors from reimbursing employers of anesthesiologist
243 assistants for covered services rendered by such
244 anesthesiologist assistants.

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



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247 (d) An anesthesiologist assistant may perform anesthesia
248 tasks and services within the framework of a written practice
249 protocol developed between the supervising anesthesiologist and
250 the anesthesiologist assistant.

251 (e) An anesthesiologist assistant may not prescribe,
252 order, or compound any controlled substance, legend drug, or
253 medical device, nor may an anesthesiologist assistant dispense
254 sample drugs to patients. Nothing in this paragraph prohibits an
255 anesthesiologist assistant from administering legend drugs or
256 controlled substances, intravenous drugs, fluids, or blood
257 products, or inhalation or other anesthetic agents to patients
258 that are ordered by the supervising anesthesiologist and
259 administered while under the direct supervision of the
260 supervising anesthesiologist.

261 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is
262 exempt from the requirements of this chapter while the trainee
263 is performing assigned tasks as a trainee in conjunction with an
264 approved program. Before providing anesthesia services,
265 including the administration of anesthesia in conjunction with
266 the requirements of an approved program, the trainee must
267 clearly convey to the patient that he or she is a trainee.

268 (5) PROGRAM APPROVAL.--The boards shall approve programs
269 for the education and training of anesthesiologist assistants
270 which meet standards established by the boards by rule. The
271 boards may recommend only those anesthesiologist assistant
272 training programs that hold full accreditation or provisional
273 accreditation from the Commission on Accreditation of Allied
274 Health Education Programs.



275 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--
 276 (a) Any person desiring to be licensed as an
 277 anesthesiologist assistant must apply to the department. The
 278 department shall issue a license to any person certified by the
 279 board to:
 280 1. Be at least 18 years of age.
 281 2. Have satisfactorily passed a proficiency examination
 282 with a score established by the National Commission for
 283 Certification of Anesthesiologist Assistants.
 284 3.a. Have:
 285 (I) Practiced as an anesthesiologist assistant in another
 286 state for at least 12 months without a finding of an adverse
 287 incident;
 288 (II) A degree or prior licensure in an allied health care
 289 field, including, but not limited to, respiratory therapy,
 290 occupational therapy, nursing, dental hygiene, physician
 291 assistant, paramedic, emergency medical technician, or
 292 midwifery; or
 293 (III) A baccalaureate or higher degree from a program at
 294 an institution of higher education accredited by an organization
 295 recognized by the board in one of the following areas of study:
 296 general biology; general chemistry; organic chemistry; physics;
 297 or another field of study which includes sufficient courses in
 298 chemistry, biology, and life sciences to meet the criteria for
 299 admission to a medical school accredited by an organization
 300 recognized by the board.
 301 b. Each person qualifying under sub-sub-subparagraph
 302 a.(II) or sub-sub-subparagraph a.(III) must have successfully



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303 completed a graduate-level training program approved by the
304 board and accredited by the Commission on Accreditation of
305 Allied Health Education Programs or any of the commission's
306 successor organizations which is conducted for the purpose of
307 preparing individuals to practice as anesthesiologist assistants
308 and which included at minimum all of the following components:

309 (I) Basic sciences of anesthesia: physiology,
310 pathophysiology, anatomy, and biochemistry, presented as a
311 continuum of didactic courses designed to teach students the
312 foundations of human biological existence on which clinical
313 correlations to anesthesia practice are based.

314 (II) Pharmacology for the anesthetic sciences, including
315 instruction in the anesthetic principles of pharmacology,
316 pharmacodynamics, pharmacokinetics, uptake and distribution,
317 intravenous anesthetics and narcotics, and volatile anesthetics.

318 (III) Physics in anesthesia.

319 (IV) Fundamentals of anesthetic sciences, presented as a
320 continuum of courses covering a series of topics in basic
321 medical sciences with special emphasis on the effects of
322 anesthetics on normal physiology and pathophysiology.

323 (V) Patient instrumentation and monitoring, presented as a
324 continuum of courses focusing on the design of, proper
325 preparation of, and proper methods of resolving problems that
326 arise with anesthesia equipment, and providing a balance between
327 the engineering concepts used in anesthesia instruments and the
328 clinical application of anesthesia instruments.

329 (VI) Clinically based conferences in which techniques of
330 anesthetic management, quality assurance issues, and current



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331 | professional literature are reviewed from the perspective of
332 | practice improvement.

333 | (VII) Clinical experience consisting of at least 2,500
334 | hours of direct patient contact, presented as a continuum of
335 | courses throughout the entirety of the program, beginning with a
336 | gradual introduction of the techniques for the anesthetic
337 | management of patients and culminating in the assimilation of
338 | the graduate of the program into the work force.

339 | (IX) Unless meeting the requirements of sub-sub-
340 | paragraph a.(II), successful completion of at least a 3-month
341 | postgraduate clinical one-on-one training program with an
342 | anesthesiologist in a manner approved by the board.

343 | 4. Be certified in advanced cardiac life support.

344 | 5. Have completed the application form and remitted an
345 | application fee, not to exceed \$1,000, as set by the boards. An
346 | application must include:

347 | a. A certificate of completion of approved training as
348 | provided in subparagraph 3.

349 | b. A sworn statement of any prior felony convictions.

350 | c. A sworn statement of any prior discipline or denial of
351 | licensure or certification in any state.

352 | d. Two letters of recommendation from anesthesiologists.

353 | (b) A license must be renewed biennially. Each renewal
354 | must include:

355 | 1. A renewal fee, not to exceed \$1,000, as set by the
356 | boards.

357 | 2. A sworn statement of no felony convictions in the
358 | immediately preceding 2 years.



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359 (c) Each licensed anesthesiologist assistant must
360 biennially complete 40 hours of continuing medical education or
361 hold a current certificate issued by the National Commission for
362 Certification of Anesthesiologist Assistants or its successor.

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

370 (e) The board may impose upon an anesthesiologist
371 assistant any penalty specified in s. 456.072 or s. 458.331(2)
372 if the anesthesiologist assistant or the supervising
373 anesthesiologist is found guilty of or is investigated for an
374 act that constitutes a violation of this chapter or chapter 456.

375 (f) The boards shall appoint a task force of at least five
376 members, with one member each from the Board of Medicine, the
377 Board of Osteopathic Medicine, the Department of Health, Nova
378 Southeastern University, and one of the medical schools in this
379 state. The task force shall study the requirements of this
380 section and issue a report to the Secretary of Health by March
381 1, 2005, concerning the continued need for the requirements of
382 this subsection.

383 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
384 ADVISE THE BOARD.--

385 (a) The chair of the board may appoint an anesthesiologist
386 and an anesthesiologist assistant to advise the board as to the



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387 promulgation of rules for the licensure of anesthesiologist
388 assistants. The board may utilize a committee structure that is
389 most practicable in order to receive any recommendations to the
390 board regarding rules and all matters relating to
391 anesthesiologist assistants, including, but not limited to,
392 recommendations to improve safety in the clinical practices of
393 licensed anesthesiologist assistants.

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

396 1. Recommend to the department the licensure of
397 anesthesiologist assistants.

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

412 3. Address concerns and problems of practicing
413 anesthesiologist assistants to improve safety in the clinical
414 practices of licensed anesthesiologist assistants.



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

419 1. Refuse to certify the applicant for licensure;

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

422 3. Approve the applicant for conditional licensure. Such
423 conditions may include placement of the licensee on probation
424 for a period of time and subject to such conditions as the board
425 may specify, including, but not limited to, requiring the
426 licensee to undergo treatment, to attend continuing education
427 courses, or to take corrective action.

428 (8) PENALTY.--A person who falsely holds himself or
429 herself out as an anesthesiologist assistant commits a felony of
430 the third degree, punishable as provided in s. 775.082, s.
431 775.083, or s. 775.084.

432 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
433 board may deny, suspend, or revoke the license of an
434 anesthesiologist assistant who the board determines has violated
435 any provision of this section, this chapter, or chapter 456 or
436 any rule adopted pursuant thereto.

437 (10) RULES.--The boards shall adopt rules to implement
438 this section.

439 (11) LIABILITY.--A supervising anesthesiologist is liable
440 for any act or omission of an anesthesiologist assistant acting
441 under the anesthesiologist's supervision and control and shall



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442 comply with the financial responsibility requirements of this
443 chapter and chapter 456, as applicable.

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

446 Section 4. Paragraph (hh) of subsection (1) of section
447 459.015, Florida Statutes, is amended to read:

448 459.015 Grounds for disciplinary action; action by the
449 board and department.--

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

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

457 Section 5. Section 459.023, Florida Statutes, is created
458 to read:

459 459.023 Anesthesiologist assistants.--

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

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



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470 Certification in Anesthesiology affiliated with the American
471 Association of Physician Specialists, Inc.

472 (b) "Anesthesiologist assistant" means a graduate of an
473 approved program who is licensed to perform medical services
474 delegated and directly supervised by a supervising
475 anesthesiologist.

476 (c) "Anesthesiology" means the practice of medicine that
477 specializes in the relief of pain during and after surgical
478 procedures and childbirth, during certain chronic disease
479 processes, and during resuscitation and critical care of
480 patients in the operating room and intensive care environments.

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

484 (e) "Boards" means the Board of Medicine and the Board of
485 Osteopathic Medicine.

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

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



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498 (h) "Proficiency examination" means an entry-level
499 examination approved by the boards, including examinations
500 administered by the National Commission for Certification of
501 Anesthesiologist Assistants.

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

504 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

505 (a) An anesthesiologist who directly supervises an
506 anesthesiologist assistant must be qualified in the medical
507 areas in which the anesthesiologist assistant performs, and is
508 liable for the performance of the anesthesiologist assistant. An
509 anesthesiologist may only supervise two anesthesiologist
510 assistants at the same time. The board may, by rule, allow an
511 anesthesiologist to supervise up to four anesthesiologist
512 assistants, after July 1, 2006.

513 (b) An anesthesiologist or group of anesthesiologists
514 must, upon establishing a supervisory relationship with an
515 anesthesiologist assistant, file with the board a written
516 protocol that includes, at a minimum:

517 1. The name, address, and license number of the
518 anesthesiologist assistant.

519 2. The name, address, license number, and federal Drug
520 Enforcement Administration number of each physician who will be
521 supervising the anesthesiologist assistant.

522 3. The address of the anesthesiologist assistant's primary
523 practice location and the address of any other locations where
524 the anesthesiologist assistant may practice.



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525 4. The date the protocol was developed and the dates of
526 all revisions.

527 5. The signatures of the anesthesiologist assistant and
528 all supervising physicians.

529 6. The duties and functions of the anesthesiologist
530 assistant.

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

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

535

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

544 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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



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- 553 1. Obtain a comprehensive patient history and present the
554 history to the supervising anesthesiologist.
- 555 2. Pretest and calibrate anesthesia delivery systems and
556 monitor, obtain, and interpret information from the systems and
557 monitors.
- 558 3. Assist the supervising anesthesiologist with the
559 implementation of medically accepted monitoring techniques.
- 560 4. Establish basic and advanced airway interventions,
561 including intubation of the trachea and performing ventilatory
562 support.
- 563 5. Administer intermittent vasoactive drugs and start and
564 adjust vasoactive infusions.
- 565 6. Administer anesthetic drugs, adjuvant drugs, and
566 accessory drugs.
- 567 7. Assist the supervising anesthesiologist with the
568 performance of epidural anesthetic procedures and spinal
569 anesthetic procedures.
- 570 8. Administer blood, blood products, and supportive
571 fluids.
- 572 9. Support life functions during anesthesia health care,
573 including induction and intubation procedures, the use of
574 appropriate mechanical supportive devices, and the management of
575 fluid, electrolyte, and blood component balances.
- 576 10. Recognize and take appropriate corrective action for
577 abnormal patient responses to anesthesia, adjunctive medication,
578 or other forms of therapy.



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

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

584 (b) Nothing in this section or chapter prevents third-
585 party payors from reimbursing employers of anesthesiologist
586 assistants for covered services rendered by such
587 anesthesiologist assistants.

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

590 (d) An anesthesiologist assistant may perform anesthesia
591 tasks and services within the framework of a written practice
592 protocol developed between the supervising anesthesiologist and
593 the anesthesiologist assistant.

594 (e) An anesthesiologist assistant may not prescribe,
595 order, or compound any controlled substance, legend drug, or
596 medical device, nor may an anesthesiologist assistant dispense
597 sample drugs to patients. Nothing in this paragraph prohibits an
598 anesthesiologist assistant from administering legend drugs or
599 controlled substances, intravenous drugs, fluids, or blood
600 products, or inhalation or other anesthetic agents to patients
601 that are ordered by the supervising anesthesiologist and
602 administered while under the direct supervision of the
603 supervising anesthesiologist.

604 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is
605 exempt from the requirements of this chapter while the trainee
606 is performing assigned tasks as a trainee in conjunction with an



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607 approved program. Before providing anesthesia services,
608 including the administration of anesthesia in conjunction with
609 the requirements of an approved program, the trainee must
610 clearly convey to the patient that she or he is a trainee.

611 (5) PROGRAM APPROVAL.--The boards shall approve programs
612 for the education and training of anesthesiologist assistants
613 which meet standards established by the boards by rule. The
614 boards may recommend only those anesthesiologist assistant
615 training programs that hold full accreditation or provisional
616 accreditation from the Commission on Accreditation of Allied
617 Health Education Programs.

618 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

619 (a) Any person desiring to be licensed as an
620 anesthesiologist assistant must apply to the department. The
621 department shall issue a license to any person certified by the
622 board to:

623 1. Be at least 18 years of age.
624 2. Have satisfactorily passed a proficiency examination
625 with a score established by the National Commission for
626 Certification of Anesthesiologist Assistants.

627 3.a. Have:

628 (I) Practiced as an anesthesiologist assistant in another
629 state for at least 12 months without a finding of an adverse
630 incident;

631 (II) A degree or prior licensure in an allied health care
632 field, including, but not limited to, respiratory therapy,
633 occupational therapy, nursing, dental hygiene, physician



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634 assistant, paramedic, emergency medical technician, or
635 midwifery; or

636 (III) A baccalaureate or higher degree from a program at
637 an institution of higher education accredited by an organization
638 recognized by the board in one of the following areas of study:
639 general biology; general chemistry; organic chemistry; physics;
640 or another field of study which includes sufficient courses in
641 chemistry, biology, and life sciences to meet the criteria for
642 admission to a medical school accredited by an organization
643 recognized by the board; or

644 b. Each person qualifying under sub-sub-subparagraph
645 a.(II) or sub-sub-subparagraph a.(III) must have successfully
646 completed a graduate-level training program approved by the
647 board and accredited by the Commission on Accreditation of
648 Allied Health Education Programs or any of the commission's
649 successor organizations which is conducted for the purpose of
650 preparing individuals to practice as anesthesiologist assistants
651 and which included at minimum all of the following components:

652 (I) Basic sciences of anesthesia: physiology,
653 pathophysiology, anatomy, and biochemistry, presented as a
654 continuum of didactic courses designed to teach students the
655 foundations of human biological existence on which clinical
656 correlations to anesthesia practice are based.

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

661 (III) Physics in anesthesia.



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

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

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

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

682 (IX) Unless meeting the requirements of sub-sub-
683 subparagraph a.(II), successful completion of at least a 3-month
684 postgraduate clinical one-on-one training program with an
685 anesthesiologist in a manner approved by the board.

686 4. Be certified in advanced cardiac life support.

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



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- 690 a. A certificate of completion of approved training as
691 provided in subparagraph 3.
- 692 b. A sworn statement of any prior felony convictions.
- 693 c. A sworn statement of any prior discipline or denial of
694 licensure or certification in any state.
- 695 d. Two letters of recommendation from anesthesiologists.
- 696 (b) A license must be renewed biennially. Each renewal
697 must include:
- 698 1. A renewal fee, not to exceed \$1,000, as set by the
699 boards.
- 700 2. A sworn statement of no felony convictions in the
701 immediately preceding 2 years.
- 702 (c) Each licensed anesthesiologist assistant must
703 biennially complete 40 hours of continuing medical education or
704 hold a current certificate issued by the National Commission for
705 Certification of Anesthesiologist Assistants or its successor.
- 706 (d) An anesthesiologist assistant must notify the
707 department in writing within 30 days after obtaining employment
708 that requires a license under this chapter and after any
709 subsequent change in her or his supervising anesthesiologist.
710 The notification must include the full name, license number,
711 specialty, and address of the supervising anesthesiologist.
712 Submission of the required protocol satisfies this requirement.
- 713 (e) The board may impose upon an anesthesiologist
714 assistant any penalty specified in s. 456.072 or s. 459.015(2)
715 if the anesthesiologist assistant or the supervising
716 anesthesiologist is found guilty of or is investigated for an
717 act that constitutes a violation of this chapter or chapter 456.



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718 (f) The boards shall appoint a task force of at least five
719 members, with one member each from the Board of Medicine, the
720 Board of 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
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, this chapter, or chapter 456 or
779 any rule adopted 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.