



1 A bill to be entitled

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

24
25 Be It Enacted by the Legislature of the State of Florida:

26
27 Section 1. Section 456.048, Florida Statutes, is amended
28 to read:



29 | 456.048 Financial responsibility requirements for certain
30 | health care practitioners.--

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

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

49 | (a) Any person licensed under chapter 457, s. 458.3475, s.
50 | 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or
51 | chapter 467 who practices exclusively as an officer, employee,
52 | or agent of the Federal Government or of the state or its
53 | agencies or its subdivisions. For the purposes of this
54 | subsection, an agent of the state, its agencies, or its
55 | subdivisions is a person who is eligible for coverage under any



56 self-insurance or insurance program authorized by the provisions
57 of s. 768.28(15) or who is a volunteer under s. 110.501(1).

58 (b) Any person whose license or certification has become
59 inactive under chapter 457, s. 458.3475, s. 459.023, chapter
60 460, chapter 461, part I of chapter 464, chapter 466, or chapter
61 467 and who is not practicing in this state. Any person applying
62 for reactivation of a license must show either that such
63 licensee maintained tail insurance coverage which provided
64 liability coverage for incidents that occurred on or after
65 October 1, 1993, or the initial date of licensure in this state,
66 whichever is later, and incidents that occurred before the date
67 on which the license became inactive; or such licensee must
68 submit an affidavit stating that such licensee has no
69 unsatisfied medical malpractice judgments or settlements at the
70 time of application for reactivation.

71 (c) Any person holding a limited license pursuant to s.
72 456.015, and practicing under the scope of such limited license.

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

81 (e) Any person holding an active license or certification
82 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
83 461, s. 464.012, chapter 466, or chapter 467 who is not



84 practicing in this state. If such person initiates or resumes
 85 practice in this state, he or she must notify the department of
 86 such activity.

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

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

96 Section 2. Paragraph (dd) of subsection (1) of section
 97 458.331, Florida Statutes, is amended to read:

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

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

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

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

109 458.3475 Anesthesiologist assistants.--

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



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

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

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

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

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

134 (f) "Continuing medical education" means courses
135 recognized and approved by the boards, the American Academy of
136 Physician Assistants, the American Medical Association, the
137 American Osteopathic Association, the American Academy of
138 Anesthesiologist Assistants, the American Society of



139 Anesthesiologists, or the Accreditation Council for Continuing
140 Medical Education.

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

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

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

152 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

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

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

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



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

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

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

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

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

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

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

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

192 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

193 (a) An anesthesiologist assistant may assist an
194 anesthesiologist in developing and implementing an anesthesia



195 care plan for a patient. In providing assistance to an
196 anesthesiologist, an anesthesiologist assistant may perform
197 duties established by rule by the board in any of the following
198 functions that are included in the anesthesiologist assistant's
199 protocol while under the direct supervision of an
200 anesthesiologist:

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

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

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

208 4. Establish basic and advanced airway interventions,
209 including intubation of the trachea and performing ventilatory
210 support.

211 5. Administer intermittent vasoactive drugs and start and
212 adjust vasoactive infusions.

213 6. Administer anesthetic drugs, adjuvant drugs, and
214 accessory drugs.

215 7. Assist the supervising anesthesiologist with the
216 performance of epidural anesthetic procedures and spinal
217 anesthetic procedures.

218 8. Administer blood, blood products, and supportive
219 fluids.

220 9. Support life functions during anesthesia health care,
221 including induction and intubation procedures, the use of



222 appropriate mechanical supportive devices, and the management of
223 fluid, electrolyte, and blood component balances.

224 10. Recognize and take appropriate corrective action for
225 abnormal patient responses to anesthesia, adjunctive medication,
226 or other forms of therapy.

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

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

232 (b) Nothing in this section or chapter prevents third-
233 party payors from reimbursing employers of anesthesiologist
234 assistants for covered services rendered by such
235 anesthesiologist assistants.

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

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

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



250 administered while under the direct supervision of the
251 supervising anesthesiologist.

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

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

266 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

271 1. Be at least 18 years of age.
272 2. Have satisfactorily passed a proficiency examination
273 with a score established by the National Commission for
274 Certification of Anesthesiologist Assistants.

275 3.a. Have:



276 (I) Practiced as an anesthesiologist assistant in another
277 state for at least 12 months without a finding of an adverse
278 incident;

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

284 (III) A baccalaureate or higher degree from a program at
285 an institution of higher education accredited by an organization
286 recognized by the board in one of the following areas of study:
287 general biology; general chemistry; organic chemistry; physics;
288 or another field of study which includes sufficient courses in
289 chemistry, biology, and life sciences to meet the criteria for
290 admission to a medical school accredited by an organization
291 recognized by the board.

292 b. Each person qualifying under sub-sub-subparagraph
293 a.(II) or sub-sub-subparagraph a.(III) must have successfully
294 completed a graduate-level training program approved by the
295 board and accredited by the Commission on Accreditation of
296 Allied Health Education Programs or any of the commission's
297 successor organizations which is conducted for the purpose of
298 preparing individuals to practice as anesthesiologist assistants
299 and which included at minimum all of the following components:

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



303 foundations of human biological existence on which clinical
304 correlations to anesthesia practice are based.

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

309 (III) Physics in anesthesia.

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

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

320 (VI) Clinically based conferences in which techniques of
321 anesthetic management, quality assurance issues, and current
322 professional literature are reviewed from the perspective of
323 practice improvement.

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



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

334 4. Be certified in advanced cardiac life support.

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

338 a. A certificate of completion of approved training as
339 provided in subparagraph 3.

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

341 c. A sworn statement of any prior discipline or denial of
342 licensure or certification in any state.

343 d. Two letters of recommendation from anesthesiologists.

344 (b) A license must be renewed biennially. Each renewal
345 must include:

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

348 2. A sworn statement of no felony convictions in the
349 immediately preceding 2 years.

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

354 (d) An anesthesiologist assistant must notify the
355 department in writing within 30 days after obtaining employment
356 that requires a license under this chapter and after any
357 subsequent change in his or her supervising anesthesiologist.



358 The notification must include the full name, license number,
359 specialty, and address of the supervising anesthesiologist.
360 Submission of the required protocol satisfies this requirement.

361 (e) The board may impose upon an anesthesiologist
362 assistant any penalty specified in s. 456.072 or s. 458.331(2)
363 if the anesthesiologist assistant or the supervising
364 anesthesiologist is found guilty of or is investigated for an
365 act that constitutes a violation of this chapter or chapter 456.

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

374 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
375 ADVISE THE BOARD.--

376 (a) The chair of the board may appoint an anesthesiologist
377 and an anesthesiologist assistant to advise the board as to the
378 promulgation of rules for the licensure of anesthesiologist
379 assistants. The board may utilize a committee structure that is
380 most practicable in order to receive any recommendations to the
381 board regarding rules and all matters relating to
382 anesthesiologist assistants, including, but not limited to,
383 recommendations to improve safety in the clinical practices of
384 licensed anesthesiologist assistants.



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

387 1. Recommend to the department the licensure of
388 anesthesiologist assistants.

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

403 3. Address concerns and problems of practicing
404 anesthesiologist assistants to improve safety in the clinical
405 practices of licensed anesthesiologist assistants.

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

410 1. Refuse to certify the applicant for licensure;

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



413 3. Approve the applicant for conditional licensure. Such
414 conditions may include placement of the licensee on probation
415 for a period of time and subject to such conditions as the board
416 may specify, including, but not limited to, requiring the
417 licensee to undergo treatment, to attend continuing education
418 courses, or to take corrective action.

419 (8) PENALTY.--A person who falsely holds himself or
420 herself out as an anesthesiologist assistant commits a felony of
421 the third degree, punishable as provided in s. 775.082, s.
422 775.083, or s. 775.084.

423 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
424 board may deny, suspend, or revoke the license of an
425 anesthesiologist assistant who the board determines has violated
426 any provision of this section, this chapter, or chapter 456 or
427 any rule adopted pursuant thereto.

428 (10) RULES.--The boards shall adopt rules to implement
429 this section.

430 (11) LIABILITY.--A supervising anesthesiologist is liable
431 for any act or omission of an anesthesiologist assistant acting
432 under the anesthesiologist's supervision and control and shall
433 comply with the financial responsibility requirements of this
434 chapter and chapter 456, as applicable.

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

437 Section 4. Paragraph (hh) of subsection (1) of section
438 459.015, Florida Statutes, is amended to read:

439 459.015 Grounds for disciplinary action; action by the
440 board and department.--



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

443 (hh) Failing to supervise adequately the activities of
444 those physician assistants, paramedics, emergency medical
445 technicians, advanced registered nurse practitioners,
446 anesthesiologist assistants, or other persons acting under the
447 supervision of the osteopathic physician.

448 Section 5. Section 459.023, Florida Statutes, is created
449 to read:

450 459.023 Anesthesiologist assistants.--

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

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

463 (b) "Anesthesiologist assistant" means a graduate of an
464 approved program who is licensed to perform medical services
465 delegated and directly supervised by a supervising
466 anesthesiologist.

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



469 procedures and childbirth, during certain chronic disease
470 processes, and during resuscitation and critical care of
471 patients in the operating room and intensive care environments.

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

475 (e) "Boards" means the Board of Medicine and the Board of
476 Osteopathic Medicine.

477 (f) "Continuing medical education" means courses
478 recognized and approved by the boards, the American Academy of
479 Physician Assistants, the American Medical Association, the
480 American Osteopathic Association, the American Academy of
481 Anesthesiologist Assistants, the American Society of
482 Anesthesiologists, or the Accreditation Council for Continuing
483 Medical Education.

484 (g) "Direct supervision" means supervision by an
485 anesthesiologist who is present in the office or the surgical or
486 obstetrical suite with the anesthesiologist assistant and is
487 immediately available to provide assistance and direction while
488 anesthesia services are being performed.

489 (h) "Proficiency examination" means an entry-level
490 examination approved by the boards, including examinations
491 administered by the National Commission for Certification of
492 Anesthesiologist Assistants.

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

495 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--



496 (a) An anesthesiologist who directly supervises an
497 anesthesiologist assistant must be qualified in the medical
498 areas in which the anesthesiologist assistant performs, and is
499 liable for the performance of the anesthesiologist assistant. An
500 anesthesiologist may only supervise two anesthesiologist
501 assistants at the same time. The board may, by rule, allow an
502 anesthesiologist to supervise up to four anesthesiologist
503 assistants, after July 1, 2006.

504 (b) An anesthesiologist or group of anesthesiologists
505 must, upon establishing a supervisory relationship with an
506 anesthesiologist assistant, file with the board a written
507 protocol that includes, at a minimum:

508 1. The name, address, and license number of the
509 anesthesiologist assistant.

510 2. The name, address, license number, and federal Drug
511 Enforcement Administration number of each physician who will be
512 supervising the anesthesiologist assistant.

513 3. The address of the anesthesiologist assistant's primary
514 practice location and the address of any other locations where
515 the anesthesiologist assistant may practice.

516 4. The date the protocol was developed and the dates of
517 all revisions.

518 5. The signatures of the anesthesiologist assistant and
519 all supervising physicians.

520 6. The duties and functions of the anesthesiologist
521 assistant.

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



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

526

527 The protocol must be on file with the board before the
528 anesthesiologist assistant may practice with the
529 anesthesiologist or group. An anesthesiologist assistant may not
530 practice unless a written protocol has been filed for that
531 anesthesiologist assistant in accordance with this paragraph,
532 and the anesthesiologist assistant may only practice under the
533 direct supervision of an anesthesiologist who has signed the
534 protocol. The protocol must be updated biennially.

535 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

544 1. Obtain a comprehensive patient history and present the
545 history to the supervising anesthesiologist.

546 2. Pretest and calibrate anesthesia delivery systems and
547 monitor, obtain, and interpret information from the systems and
548 monitors.

549 3. Assist the supervising anesthesiologist with the
550 implementation of medically accepted monitoring techniques.



551 4. Establish basic and advanced airway interventions,
552 including intubation of the trachea and performing ventilatory
553 support.

554 5. Administer intermittent vasoactive drugs and start and
555 adjust vasoactive infusions.

556 6. Administer anesthetic drugs, adjuvant drugs, and
557 accessory drugs.

558 7. Assist the supervising anesthesiologist with the
559 performance of epidural anesthetic procedures and spinal
560 anesthetic procedures.

561 8. Administer blood, blood products, and supportive
562 fluids.

563 9. Support life functions during anesthesia health care,
564 including induction and intubation procedures, the use of
565 appropriate mechanical supportive devices, and the management of
566 fluid, electrolyte, and blood component balances.

567 10. Recognize and take appropriate corrective action for
568 abnormal patient responses to anesthesia, adjunctive medication,
569 or other forms of therapy.

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

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

575 (b) Nothing in this section or chapter prevents third-
576 party payors from reimbursing employers of anesthesiologist
577 assistants for covered services rendered by such
578 anesthesiologist assistants.



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

581 (d) An anesthesiologist assistant may perform anesthesia
582 tasks and services within the framework of a written practice
583 protocol developed between the supervising anesthesiologist and
584 the anesthesiologist assistant.

585 (e) An anesthesiologist assistant may not prescribe,
586 order, or compound any controlled substance, legend drug, or
587 medical device, nor may an anesthesiologist assistant dispense
588 sample drugs to patients. Nothing in this paragraph prohibits an
589 anesthesiologist assistant from administering legend drugs or
590 controlled substances, intravenous drugs, fluids, or blood
591 products, or inhalation or other anesthetic agents to patients
592 that are ordered by the supervising anesthesiologist and
593 administered while under the direct supervision of the
594 supervising anesthesiologist.

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

602 (5) PROGRAM APPROVAL.--The boards shall approve programs
603 for the education and training of anesthesiologist assistants
604 which meet standards established by the boards by rule. The
605 boards may recommend only those anesthesiologist assistant
606 training programs that hold full accreditation or provisional



607 accreditation from the Commission on Accreditation of Allied
 608 Health Education Programs.

609 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

614 1. Be at least 18 years of age.

615 2. Have satisfactorily passed a proficiency examination
 616 with a score established by the National Commission for
 617 Certification of Anesthesiologist Assistants.

618 3.a. Have:

619 (I) Practiced as an anesthesiologist assistant in another
 620 state for at least 12 months without a finding of an adverse
 621 incident;

622 (II) A degree or prior licensure in an allied health care
 623 field, including, but not limited to, respiratory therapy,
 624 occupational therapy, nursing, dental hygiene, physician
 625 assistant, paramedic, emergency medical technician, or
 626 midwifery; or

627 (III) A baccalaureate or higher degree from a program at
 628 an institution of higher education accredited by an organization
 629 recognized by the board in one of the following areas of study:
 630 general biology; general chemistry; organic chemistry; physics;
 631 or another field of study which includes sufficient courses in
 632 chemistry, biology, and life sciences to meet the criteria for
 633 admission to a medical school accredited by an organization
 634 recognized by the board; or



635 b. Each person qualifying under sub-sub-subparagraph
636 a.(II) or sub-sub-subparagraph a.(III) must have successfully
637 completed a graduate-level training program approved by the
638 board and accredited by the Commission on Accreditation of
639 Allied Health Education Programs or any of the commission's
640 successor organizations which is conducted for the purpose of
641 preparing individuals to practice as anesthesiologist assistants
642 and which included at minimum all of the following components:

643 (I) Basic sciences of anesthesia: physiology,
644 pathophysiology, anatomy, and biochemistry, presented as a
645 continuum of didactic courses designed to teach students the
646 foundations of human biological existence on which clinical
647 correlations to anesthesia practice are based.

648 (II) Pharmacology for the anesthetic sciences, including
649 instruction in the anesthetic principles of pharmacology,
650 pharmacodynamics, pharmacokinetics, uptake and distribution,
651 intravenous anesthetics and narcotics, and volatile anesthetics.

652 (III) Physics in anesthesia.

653 (IV) Fundamentals of anesthetic sciences, presented as a
654 continuum of courses covering a series of topics in basic
655 medical sciences with special emphasis on the effects of
656 anesthetics on normal physiology and pathophysiology.

657 (V) Patient instrumentation and monitoring, presented as a
658 continuum of courses focusing on the design of, proper
659 preparation of, and proper methods of resolving problems that
660 arise with anesthesia equipment, and providing a balance between
661 the engineering concepts used in anesthesia instruments and the
662 clinical application of anesthesia instruments.



663 (VI) Clinically based conferences in which techniques of
664 anesthetic management, quality assurance issues, and current
665 professional literature are reviewed from the perspective of
666 practice improvement.

667 (VII) Clinical experience consisting of at least 2,500
668 hours of direct patient contact, presented as a continuum of
669 courses throughout the entirety of the program, beginning with a
670 gradual introduction of the techniques for the anesthetic
671 management of patients and culminating in the assimilation of
672 the graduate of the program into the work force.

673 (IX) Unless meeting the requirements of sub-sub-
674 paragraph a.(II), successful completion of at least a 3-month
675 postgraduate clinical one-on-one training program with an
676 anesthesiologist in a manner approved by the board.

677 4. Be certified in advanced cardiac life support.

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

681 a. A certificate of completion of approved training as
682 provided in subparagraph 3.

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

684 c. A sworn statement of any prior discipline or denial of
685 licensure or certification in any state.

686 d. Two letters of recommendation from anesthesiologists.

687 (b) A license must be renewed biennially. Each renewal
688 must include:

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



691 2. A sworn statement of no felony convictions in the
692 immediately preceding 2 years.

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

697 (d) An anesthesiologist assistant must notify the
698 department in writing within 30 days after obtaining employment
699 that requires a license under this chapter and after any
700 subsequent change in her or his supervising anesthesiologist.
701 The notification must include the full name, license number,
702 specialty, and address of the supervising anesthesiologist.
703 Submission of the required protocol satisfies this requirement.

704 (e) The board may impose upon an anesthesiologist
705 assistant any penalty specified in s. 456.072 or s. 459.015(2)
706 if the anesthesiologist assistant or the supervising
707 anesthesiologist is found guilty of or is investigated for an
708 act that constitutes a violation of this chapter or chapter 456.

709 (f) The boards shall appoint a task force of at least five
710 members, with one member each from the Board of Medicine, the
711 Board of Osteopathic Medicine, the Department of Health, Nova
712 Southeastern University, and one of the medical schools in this
713 state. The task force shall study the requirements of this
714 section and issue a report to the Secretary of Health by March
715 1, 2005, concerning the continued need for the requirements of
716 this subsection.

717 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
718 ADVISE THE BOARD.--



719 (a) The chair of the board may appoint an anesthesiologist
720 and an anesthesiologist assistant to advise the board as to the
721 promulgation of rules for the licensure of anesthesiologist
722 assistants. The board may utilize a committee structure that is
723 most practicable in order to receive any recommendations to the
724 board regarding rules and all matters relating to
725 anesthesiologist assistants, including, but not limited to,
726 recommendations to improve safety in the clinical practices of
727 licensed anesthesiologist assistants.

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

730 1. Recommend to the department the licensure of
731 anesthesiologist assistants.

732 2. Develop all rules regulating the use of
733 anesthesiologist assistants by qualified anesthesiologists under
734 this chapter and chapter 458, except for rules relating to the
735 formulary developed under s. 458.347(4)(f). The board shall also
736 develop rules to ensure that the continuity of supervision is
737 maintained in each practice setting. The boards shall consider
738 adopting a proposed rule at the regularly scheduled meeting
739 immediately following the submission of the proposed rule. A
740 proposed rule may not be adopted by either board unless both
741 boards have accepted and approved the identical language
742 contained in the proposed rule. The language of all proposed
743 rules must be approved by both boards pursuant to each
744 respective board's guidelines and standards regarding the
745 adoption of proposed rules.



746 3. Address concerns and problems of practicing
 747 anesthesiologist assistants to improve safety in the clinical
 748 practices of licensed anesthesiologist assistants.

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

753 1. Refuse to certify the applicant for licensure;
 754 2. Approve the applicant for licensure with restrictions
 755 on the scope of practice or license; or

756 3. Approve the applicant for conditional licensure. Such
 757 conditions may include placement of the licensee on probation
 758 for a period of time and subject to such conditions as the board
 759 may specify, including, but not limited to, requiring the
 760 licensee to undergo treatment, to attend continuing education
 761 courses, or to take corrective action.

762 (8) PENALTY.--A person who falsely holds herself or
 763 himself out as an anesthesiologist assistant commits a felony of
 764 the third degree, punishable as provided in s. 775.082, s.
 765 775.083, or s. 775.084.

766 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
 767 board may deny, suspend, or revoke the license of an
 768 anesthesiologist assistant who the board determines has violated
 769 any provision of this section, this chapter, or chapter 456 or
 770 any rule adopted pursuant thereto.

771 (10) RULES.--The boards shall adopt rules to implement
 772 this section.



773 (11) LIABILITY.--A supervising anesthesiologist is liable
774 for any act or omission of an anesthesiologist assistant acting
775 under the anesthesiologist's supervision and control and shall
776 comply with the financial responsibility requirements of this
777 chapter and chapter 456, as applicable.

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

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