

By Senator Wasserman Schultz

34-227C-03

See HB 1381

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

28  
29   Be It Enacted by the Legislature of the State of Florida:  
30  
31

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

3 456.048 Financial responsibility requirements for  
4 certain health care practitioners.--

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

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

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

1 authorized by the provisions of s. 768.28(15) or who is a  
2 volunteer under s. 110.501(1).

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

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

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

27 (e) Any person holding an active license or  
28 certification under chapter 457, s. 458.3475, s. 459.023,  
29 chapter 460, chapter 461, s. 464.012, chapter 466, or chapter  
30 467 who is not practicing in this state. If such person  
31

1 initiates or resumes practice in this state, he or she must  
2 notify the department of such activity.

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

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

12 Section 2. Paragraph (dd) of subsection (1) of section  
13 458.331, Florida Statutes, is amended to read:

14 458.331 Grounds for disciplinary action; action by the  
15 board and department.--

16 (1) The following acts constitute grounds for denial  
17 of a license or disciplinary action, as specified in s.  
18 456.072(2):

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

24 Section 3. Section 458.3475, Florida Statutes, is  
25 created to read:

26 458.3475 Anesthesiologist assistants.--

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

28 (a) "Anesthesiologist" means an allopathic physician  
29 who holds an active, unrestricted license, who has  
30 successfully completed an anesthesiology training program  
31 approved by the Accreditation Council for Graduate Medical

1 Education, or its equivalent, and who is certified by the  
2 American Board of Anesthesiology or is eligible to take that  
3 board's examination or is certified by the Board of  
4 Certification in Anesthesiology affiliated with the American  
5 Association of Physician Specialists, Inc.

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

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

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

19 (e) "Boards" means the Board of Medicine and the Board  
20 of Osteopathic Medicine.

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

28 (g) "Direct supervision" means supervision by an  
29 anesthesiologist who is present in the office or the surgical  
30 or obstetrical suite the anesthesiologist assistant is in and  
31

1 is immediately available to provide assistance and direction  
2 while anesthesia services are being performed.

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

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

9 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

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

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

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

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

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

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

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

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

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

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

9  
10 The protocol must be on file with the board before the  
11 anesthesiologist assistant may practice with the  
12 anesthesiologist or group. An anesthesiologist assistant may  
13 not practice unless a written protocol has been filed for that  
14 anesthesiologist assistant in accordance with this paragraph,  
15 and the anesthesiologist assistant may only practice under the  
16 direct supervision of an anesthesiologist who has signed the  
17 protocol. The protocol must be updated biennially.

18           (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

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

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

- 1           3. Assist the supervising anesthesiologist with the  
2 implementation of medically accepted monitoring techniques.
- 3           4. Establish basic and advanced airway interventions,  
4 including intubation of the trachea and performing ventilatory  
5 support.
- 6           5. Administer intermittent vasoactive drugs and start  
7 and adjust vasoactive infusions.
- 8           6. Administer anesthetic drugs, adjuvant drugs, and  
9 accessory drugs.
- 10          7. Assist the supervising anesthesiologist with the  
11 performance of epidural anesthetic procedures and spinal  
12 anesthetic procedures.
- 13          8. Administer blood, blood products, and supportive  
14 fluids.
- 15          9. Support life functions during anesthesia health  
16 care, including induction and intubation procedures, the use  
17 of appropriate mechanical supportive devices, and the  
18 management of fluid, electrolyte, and blood component  
19 balances.
- 20          10. Recognize and take appropriate corrective action  
21 for abnormal patient responses to anesthesia, adjunctive  
22 medication, or other forms of therapy.
- 23          11. Participate in management of the patient while in  
24 the postanesthesia recovery area, including the administration  
25 of any supporting fluids or drugs.
- 26          12. Place special peripheral and central venous and  
27 arterial lines for blood sampling and monitoring as  
28 appropriate.
- 29          (b) Nothing in this section or chapter prevents  
30 third-party payors from reimbursing employers of  
31



1 anesthesiologist assistants for covered services rendered by  
2 such anesthesiologist assistants.

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

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

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

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

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

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

4 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

9 1. Be at least 18 years of age.

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

13 3. Have:

14 a. Practiced as an anesthesiologist assistant in  
15 another state for at least 12 months without a finding of an  
16 adverse incident; or

17 b. A degree or prior licensure in an allied health  
18 care field, including, but not limited to, respiratory  
19 therapy, occupational therapy, nursing, dental hygiene,  
20 physician assistant, paramedic, emergency medical technician,  
21 or midwifery; or

22 c. A baccalaureate or higher degree from a program at  
23 an institution of higher education accredited by an  
24 organization recognized by the Board of Medicine in one of the  
25 following areas of study:

26 (I) General biology;

27 (II) General chemistry;

28 (III) Organic chemistry;

29 (IV) Physics; or

30 (V) Another field of study which includes sufficient  
31 courses in chemistry, biology, and life sciences to meet the

1 criteria for admission to a medical school accredited by an  
2 organization recognized by the Board of Medicine; or  
3 d. Unless meeting the requirements of sub-subparagraph  
4 a., successfully completed a graduate-level training program  
5 approved by the Board of Medicine and accredited by the  
6 Commission on Accreditation of Allied Health Education  
7 Programs or any of the commission's successor organizations  
8 which is conducted for the purpose of preparing individuals to  
9 practice as anesthesiologist assistants and which included at  
10 minimum all of the following components:  
11 (I) Basic sciences of anesthesia: physiology,  
12 pathophysiology, anatomy, and biochemistry, presented as a  
13 continuum of didactic courses designed to teach students the  
14 foundations of human biological existence on which clinical  
15 correlations to anesthesia practice are based.  
16 (II) Pharmacology for the anesthetic sciences,  
17 including instruction in the anesthetic principles of  
18 pharmacology, pharmacodynamics, pharmacokinetics, uptake and  
19 distribution, intravenous anesthetics and narcotics, and  
20 volatile anesthetics.  
21 (III) Physics in anesthesia.  
22 (IV) Fundamentals of anesthetic sciences, presented as  
23 a continuum of courses covering a series of topics in basic  
24 medical sciences with special emphasis on the effects of  
25 anesthetics on normal physiology and pathophysiology.  
26 (V) Patient instrumentation and monitoring, presented  
27 as a continuum of courses focusing on the design, proper  
28 preparation, and proper methods of resolving problems that  
29 arise with anesthesia equipment, and providing a balance  
30 between the engineering concepts used in anesthesia  
31

1 instruments and the clinical application of anesthesia  
2 instruments.

3 (VI) Clinically based conferences in which techniques  
4 of anesthetic management, quality assurance issues, and  
5 current professional literature are reviewed from the  
6 perspective of practice improvement.

7 (VII) Clinical experience consisting of at least 2,500  
8 hours of direct patient contact, presented as a continuum of  
9 courses throughout the entirety of the program, beginning with  
10 a gradual introduction of the techniques for the anesthetic  
11 management of patients and culminating in the assimilation of  
12 the graduate of the program into the work force.

13 (VIII) Unless meeting the requirements of  
14 sub-subparagraph b., successful completion of at least a  
15 3-month postgraduate clinical one-on-one training program with  
16 an anesthesiologist in a manner approved by the Board of  
17 Medicine.

18 4. Be certified in advanced cardiac life support.

19 5. Have completed the application form and remitted an  
20 application fee, not to exceed \$1,000, as set by the boards.

21 An application must include:

22 a. A certificate of completion of approved training as  
23 provided in subparagraph 3.

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

25 c. A sworn statement of any prior discipline or denial  
26 of licensure or certification in any state.

27 d. Two letters of recommendation from  
28 anesthesiologists.

29 (b) A license must be renewed biennially. Each renewal  
30 must include:

31

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

3           2. A sworn statement of no felony convictions in the  
4 immediately preceding 2 years.

5           (c) Each licensed anesthesiologist assistant must  
6 biennially complete 40 hours of continuing medical education  
7 or hold a current certificate issued by the National  
8 Commission for Certification of Anesthesiologist Assistants or  
9 its successor.

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

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

24           (f) The Board of Medicine and the Board of Osteopathic  
25 Medicine shall appoint a task force of at least five members,  
26 with one member each from the Board of Medicine, the Board of  
27 Osteopathic Medicine, the Department of Health, Nova  
28 Southeastern University, and one of the medical schools in  
29 this state. The task force shall study the requirements of  
30 this section and issue a report to the Secretary of Health by  
31

1 March 1, 2005, concerning the continued need for the  
2 requirements of this subsection.

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

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

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

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

18 2. Develop all rules regulating the use of  
19 anesthesiologist assistants by qualified anesthesiologists  
20 under this chapter and chapter 459, except for rules relating  
21 to the formulary developed under s. 458.347(4)(f). The board  
22 shall also develop rules to ensure that the continuity of  
23 supervision is maintained in each practice setting. The boards  
24 shall consider adopting a proposed rule at the regularly  
25 scheduled meeting immediately following the submission of the  
26 proposed rule. A proposed rule may not be adopted by either  
27 board unless both boards have accepted and approved the  
28 identical language contained in the proposed rule. The  
29 language of all proposed rules must be approved by both boards  
30 pursuant to each respective board's guidelines and standards  
31 regarding the adoption of proposed rules.

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

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

8           1. Refuse to certify the applicant for licensure;

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

11           3. Approve the applicant for conditional licensure.

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

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

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

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

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

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

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

5 Section 4. Paragraph (hh) of subsection (1) of section  
6 459.015, Florida Statutes, is amended to read:

7 459.015 Grounds for disciplinary action; action by the  
8 board and department.--

9 (1) The following acts constitute grounds for denial  
10 of a license or disciplinary action, as specified in s.  
11 456.072(2):

12 (hh) Failing to supervise adequately the activities of  
13 those physician assistants, paramedics, emergency medical  
14 technicians, advanced registered nurse practitioners,  
15 anesthesiologist assistants, or other persons acting under the  
16 supervision of the osteopathic physician.

17 Section 5. Section 459.023, Florida Statutes, is  
18 created to read:

19 459.023 Anesthesiologist assistants.--

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

21 (a) "Anesthesiologist" means an osteopathic physician  
22 who holds an active, unrestricted license, who has  
23 successfully completed an anesthesiology training program  
24 approved by the Accreditation Council for Graduate Medical  
25 Education, or its equivalent, or the American Osteopathic  
26 Association, and who is certified by the American Osteopathic  
27 Board of Anesthesiology or is eligible to take that board's  
28 examination, is certified by the American Board of  
29 Anesthesiology or is eligible to take that board's  
30 examination, or is certified by the Board of Certification in  
31



1 Anesthesiology affiliated with the American Association of  
2 Physician Specialists, Inc.

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

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

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

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

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

25 (g) "Direct supervision" means supervision by an  
26 anesthesiologist who is present in the office or the surgical  
27 or obstetrical suite the anesthesiologist assistant is in and  
28 is immediately available to provide assistance and direction  
29 while anesthesia services are being performed.

30 (h) "Proficiency examination" means an entry-level  
31 examination approved by the boards, including examinations

1 administered by the National Commission for Certification of  
2 Anesthesiologist Assistants.

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

5 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

6 (a) An anesthesiologist who directly supervises an  
7 anesthesiologist assistant must be qualified in the medical  
8 areas in which the anesthesiologist assistant performs, and is  
9 liable for the performance of the anesthesiologist assistant.

10 An anesthesiologist may only supervise two anesthesiologist  
11 assistants at the same time. The board may, by rule, allow an  
12 anesthesiologist to supervise up to four anesthesiologist  
13 assistants, after July 1, 2006.

14 (b) An anesthesiologist or group of anesthesiologists  
15 must, upon establishing a supervisory relationship with an  
16 anesthesiologist assistant, file with the board a written  
17 protocol that includes, at a minimum:

18 1. The name, address, and license number of the  
19 anesthesiologist assistant.

20 2. The name, address, license number, and federal Drug  
21 Enforcement Administration number of each physician who will  
22 be supervising the anesthesiologist assistant.

23 3. The address of the anesthesiologist assistant's  
24 primary practice location and the address of any other  
25 locations where the anesthesiologist assistant may practice.

26 4. The date the protocol was developed and the dates  
27 of all revisions.

28 5. The signatures of the anesthesiologist assistant  
29 and all supervising physicians.

30 6. The duties and functions of the anesthesiologist  
31 assistant.

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

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

5  
6 The protocol must be on file with the board before the  
7 anesthesiologist assistant may practice with the  
8 anesthesiologist or group. An anesthesiologist assistant may  
9 not practice unless a written protocol has been filed for that  
10 anesthesiologist assistant in accordance with this paragraph,  
11 and the anesthesiologist assistant may only practice under the  
12 direct supervision of an anesthesiologist who has signed the  
13 protocol. The protocol must be updated biennially.

14           (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

23           1. Obtain a comprehensive patient history and present  
24 the history to the supervising anesthesiologist.

25           2. Pretest and calibrate anesthesia delivery systems  
26 and monitor, obtain, and interpret information from the  
27 systems and monitors.

28           3. Assist the supervising anesthesiologist with the  
29 implementation of medically accepted monitoring techniques.

30  
31

- 1           4. Establish basic and advanced airway interventions,  
2 including intubation of the trachea and performing ventilatory  
3 support.
- 4           5. Administer intermittent vasoactive drugs and start  
5 and adjust vasoactive infusions.
- 6           6. Administer anesthetic drugs, adjuvant drugs, and  
7 accessory drugs.
- 8           7. Assist the supervising anesthesiologist with the  
9 performance of epidural anesthetic procedures and spinal  
10 anesthetic procedures.
- 11           8. Administer blood, blood products, and supportive  
12 fluids.
- 13           9. Support life functions during anesthesia health  
14 care, including induction and intubation procedures, the use  
15 of appropriate mechanical supportive devices, and the  
16 management of fluid, electrolyte, and blood component  
17 balances.
- 18           10. Recognize and take appropriate corrective action  
19 for abnormal patient responses to anesthesia, adjunctive  
20 medication, or other forms of therapy.
- 21           11. Participate in management of the patient while in  
22 the postanesthesia recovery area, including the administration  
23 of any supporting fluids or drugs.
- 24           12. Place special peripheral and central venous and  
25 arterial lines for blood sampling and monitoring as  
26 appropriate.
- 27           (b) Nothing in this section or chapter prevents  
28 third-party payors from reimbursing employers of  
29 anesthesiologist assistants for covered services rendered by  
30 such anesthesiologist assistants.
- 31

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

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

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

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

25           (5) PROGRAM APPROVAL.--The boards shall approve  
26 programs for the education and training of anesthesiologist  
27 assistants which meet standards established by the boards by  
28 rule. The boards may recommend only those anesthesiologist  
29 assistant training programs that hold full accreditation or  
30 provisional accreditation from the Commission on Accreditation  
31 of Allied Health Education Programs.

- 1           (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--  
2           (a) Any person desiring to be licensed as an  
3 anesthesiologist assistant must apply to the department. The  
4 department shall issue a license to any person certified by  
5 the board to:  
6           1. Be at least 18 years of age.  
7           2. Have satisfactorily passed a proficiency  
8 examination with a score established by the National  
9 Commission for Certification of Anesthesiologist Assistants.  
10          3. Have:  
11           a. Practiced as an anesthesiologist assistant in  
12 another state for at least 12 months without a finding of an  
13 adverse incident;  
14           b. A degree or prior licensure in an allied health  
15 care field, including, but not limited to, respiratory  
16 therapy, occupational therapy, nursing, dental hygiene,  
17 physician assistant, paramedic, emergency medical technician,  
18 or midwifery;  
19           c. A baccalaureate or higher degree from a program at  
20 an institution of higher education accredited by an  
21 organization recognized by the Board of Osteopathic Medicine  
22 in one of the following areas of study:  
23           (I) General biology;  
24           (II) General chemistry;  
25           (III) Organic chemistry;  
26           (IV) Physics; or  
27           (V) Another field of study which includes sufficient  
28 courses in chemistry, biology, and life sciences to meet the  
29 criteria for admission to a medical school accredited by an  
30 organization recognized by the Board of Osteopathic Medicine;  
31 or

1           d. Unless meeting the requirements of sub-subparagraph  
2 a., successfully completed a graduate-level training program  
3 approved by the Board of Osteopathic Medicine and accredited  
4 by the Commission on Accreditation of Allied Health Education  
5 Programs or any of the commission's successor organizations  
6 which is conducted for the purpose of preparing individuals to  
7 practice as anesthesiologist assistants and which included at  
8 minimum all of the following components:

9           (I) Basic sciences of anesthesia: physiology,  
10 pathophysiology, anatomy, and biochemistry, presented as a  
11 continuum of didactic courses designed to teach students the  
12 foundations of human biological existence on which clinical  
13 correlations to anesthesia practice are based.

14           (II) Pharmacology for the anesthetic sciences,  
15 including instruction in the anesthetic principles of  
16 pharmacology, pharmacodynamics, pharmacokinetics, uptake and  
17 distribution, intravenous anesthetics and narcotics, and  
18 volatile anesthetics.

19           (III) Physics in anesthesia.

20           (IV) Fundamentals of anesthetic sciences, presented as  
21 a continuum of courses covering a series of topics in basic  
22 medical sciences with special emphasis on the effects of  
23 anesthetics on normal physiology and pathophysiology.

24           (V) Patient instrumentation and monitoring, presented  
25 as a continuum of courses focusing on the design, proper  
26 preparation, and proper methods of resolving problems that  
27 arise with anesthesia equipment, and providing a balance  
28 between the engineering concepts used in anesthesia  
29 instruments and the clinical application of anesthesia  
30 instruments.

31

1           (VI) Clinically based conferences in which techniques  
2 of anesthetic management, quality assurance issues, and  
3 current professional literature are reviewed from the  
4 perspective of practice improvement.

5           (VII) Clinical experience consisting of at least 2,500  
6 hours of direct patient contact, presented as a continuum of  
7 courses throughout the entirety of the program, beginning with  
8 a gradual introduction of the techniques for the anesthetic  
9 management of patients and culminating in the assimilation of  
10 the graduate of the program into the work force.

11           (VIII) Unless meeting the requirements of  
12 sub-subparagraph b., successful completion of at least a  
13 3-month postgraduate clinical one-on-one training program with  
14 an anesthesiologist in a manner approved by the Board of  
15 Osteopathic Medicine.

16           4. Be certified in advanced cardiac life support.

17           5. Have completed the application form and remitted an  
18 application fee, not to exceed \$1,000, as set by the boards.

19 An application must include:

20           a. A certificate of completion of approved training as  
21 provided in subparagraph 3.

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

23           c. A sworn statement of any prior discipline or denial  
24 of licensure or certification in any state.

25           d. Two letters of recommendation from  
26 anesthesiologists.

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

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

31



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

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

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

16           (e) The Board of Osteopathic Medicine may impose upon  
17 an anesthesiologist assistant any penalty specified in s.  
18 456.072 or s. 459.015(2) if the anesthesiologist assistant or  
19 the supervising anesthesiologist is found guilty of or is  
20 investigated for an act that constitutes a violation of this  
21 chapter or chapter 456.

22           (f) The Board of Medicine and the Board of Osteopathic  
23 Medicine shall appoint a task force of at least five members,  
24 with one member each from the Board of Medicine, the Board of  
25 Osteopathic Medicine, the Department of Health, Nova  
26 Southeastern University, and one of the medical schools in  
27 this state. The task force shall study the requirements of  
28 this section and issue a report to the Secretary of Health by  
29 March 1, 2005, concerning the continued need for the  
30 requirements of this subsection.

31

1           (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO  
2 ADVISE THE BOARD.--

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

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

14           1. Recommend to the department the licensure of  
15 anesthesiologist assistants.

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

30  
31

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

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

8           1. Refuse to certify the applicant for licensure;

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

11           3. Approve the applicant for conditional licensure.

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

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

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

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

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

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

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

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

6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31