

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

CHAMBER ACTION

Senate

House

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Senator Fasano moved the following amendment:

Senate Amendment (with title amendment)

On page 134, between lines 21 and 22,

insert:

Section 102. Section 456.048, Florida Statutes, is amended to read:

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

(1) As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that advanced registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 malpractice insurance or provide proof of financial
2 responsibility in an amount and in a manner determined by the
3 board or department to be sufficient to cover claims arising
4 out of the rendering of or failure to render professional care
5 and services in this state.

6 (2) The board or department may grant exemptions upon
7 application by practitioners meeting any of the following
8 criteria:

9 (a) Any person licensed under chapter 457, s.
10 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012,
11 chapter 466, or chapter 467 who practices exclusively as an
12 officer, employee, or agent of the Federal Government or of
13 the state or its agencies or its subdivisions. For the
14 purposes of this subsection, an agent of the state, its
15 agencies, or its subdivisions is a person who is eligible for
16 coverage under any self-insurance or insurance program
17 authorized by the provisions of s. 768.28(15) or who is a
18 volunteer under s. 110.501(1).

19 (b) Any person whose license or certification has
20 become inactive under chapter 457, s. 458.3475, s. 459.023,
21 chapter 460, chapter 461, part I of chapter 464, chapter 466,
22 or chapter 467 and who is not practicing in this state. Any
23 person applying for reactivation of a license must show either
24 that such licensee maintained tail insurance coverage which
25 provided liability coverage for incidents that occurred on or
26 after October 1, 1993, or the initial date of licensure in
27 this state, whichever is later, and incidents that occurred
28 before the date on which the license became inactive; or such
29 licensee must submit an affidavit stating that such licensee
30 has no unsatisfied medical malpractice judgments or
31 settlements at the time of application for reactivation.

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

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

4 (d) Any person licensed or certified under chapter
5 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, s.
6 464.012, chapter 466, or chapter 467 who practices only in
7 conjunction with his or her teaching duties at an accredited
8 school or in its main teaching hospitals. Such person may
9 engage in the practice of medicine to the extent that such
10 practice is incidental to and a necessary part of duties in
11 connection with the teaching position in the school.

12 (e) Any person holding an active license or
13 certification under chapter 457, s. 458.3475, s. 459.023,
14 chapter 460, chapter 461, s. 464.012, chapter 466, or chapter
15 467 who is not practicing in this state. If such person
16 initiates or resumes practice in this state, he or she must
17 notify the department of such activity.

18 (f) Any person who can demonstrate to the board or
19 department that he or she has no malpractice exposure in the
20 state.

21 (3) Notwithstanding the provisions of this section,
22 the financial responsibility requirements of ss. 458.320 and
23 459.0085 shall continue to apply to practitioners licensed
24 under those chapters, except for anesthesiologist assistants
25 licensed pursuant to s. 458.3475 or s. 459.023 who must meet
26 the requirements of this section.

27 Section 103. Paragraph (dd) of subsection (1) of
28 section 458.331, Florida Statutes, is amended to read:

29 458.331 Grounds for disciplinary action; action by the
30 board and department.--

31 (1) The following acts constitute grounds for denial

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 of a license or disciplinary action, as specified in s.

2 456.072(2):

3 (dd) Failing to supervise adequately the activities of
4 those physician assistants, paramedics, emergency medical
5 technicians, ~~or~~ advanced registered nurse practitioners, ~~or~~
6 anesthesiologist assistants acting under the supervision of
7 the physician.

8 Section 104. Section 458.3475, Florida Statutes, is
9 created to read:

10 458.3475 Anesthesiologist assistants.--

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

12 (a) "Anesthesiologist" means an allopathic physician
13 who holds an active, unrestricted license; who has
14 successfully completed an anesthesiology training program
15 approved by the Accreditation Council on Graduate Medical
16 Education or its equivalent; and who is certified by the
17 American Board of Anesthesiology, is eligible to take that
18 board's examination, or is certified by the Board of
19 Certification in Anesthesiology affiliated with the American
20 Association of Physician Specialists.

21 (b) "Anesthesiologist assistant" means a graduate of
22 an approved program who is licensed to perform medical
23 services delegated and directly supervised by a supervising
24 anesthesiologist.

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

31 (d) "Approved program" means a program for the

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 education and training of anesthesiologist assistants which
2 has been approved by the boards as provided in subsection (5).

3 (e) "Boards" means the Board of Medicine and the Board
4 of Osteopathic Medicine.

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

12 (g) "Direct supervision" means the on-site, personal
13 supervision by an anesthesiologist who is present in the
14 office when the procedure is being performed in that office,
15 or is present in the surgical or obstetrical suite when the
16 procedure is being performed in that surgical or obstetrical
17 suite and who is in all instances immediately available to
18 provide assistance and direction to the anesthesiologist
19 assistant while anesthesia services are being performed.

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

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

26 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

27 (a) An anesthesiologist who directly supervises an
28 anesthesiologist assistant must be qualified in the medical
29 areas in which the anesthesiologist assistant performs and is
30 liable for the performance of the anesthesiologist assistant.

31 An anesthesiologist may only supervise two anesthesiologist

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 assistants at the same time. The board may, by rule, allow an
2 anesthesiologist to supervise up to four anesthesiologist
3 assistants, after July 1, 2008.

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

8 1. The name, address, and license number of the
9 anesthesiologist assistant.

10 2. The name, address, license number, and federal Drug
11 Enforcement Administration number of each physician who will
12 be supervising the anesthesiologist assistant.

13 3. The address of the anesthesiologist assistant's
14 primary practice location and the address of any other
15 locations where the anesthesiologist assistant may practice.

16 4. The date the protocol was developed and the dates
17 of all revisions.

18 5. The signatures of the anesthesiologist assistant
19 and all supervising physicians.

20 6. The duties and functions of the anesthesiologist
21 assistant.

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

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

26
27 The protocol must be on file with the board before the
28 anesthesiologist assistant may practice with the
29 anesthesiologist or group. An anesthesiologist assistant may
30 not practice unless a written protocol has been filed for that
31 anesthesiologist assistant in accordance with this paragraph.

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 and the anesthesiologist assistant may only practice under the
2 direct supervision of an anesthesiologist who has signed the
3 protocol. The protocol must be updated biennially.

4 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

5 (a) An anesthesiologist assistant may assist an
6 anesthesiologist in developing and implementing an anesthesia
7 care plan for a patient. In providing assistance to an
8 anesthesiologist, an anesthesiologist assistant may perform
9 duties established by rule by the board in any of the
10 following functions that are included in the anesthesiologist
11 assistant's protocol while under the direct supervision of an
12 anesthesiologist:

13 1. Obtain a comprehensive patient history and present
14 the history to the supervising anesthesiologist.

15 2. Pretest and calibrate anesthesia delivery systems
16 and monitor, obtain, and interpret information from the
17 systems and monitors.

18 3. Assist the supervising anesthesiologist with the
19 implementation of medically accepted monitoring techniques.

20 4. Establish basic and advanced airway interventions,
21 including intubation of the trachea and performing ventilatory
22 support.

23 5. Administer intermittent vasoactive drugs and start
24 and adjust vasoactive infusions.

25 6. Administer anesthetic drugs, adjuvant drugs, and
26 accessory drugs.

27 7. Assist the supervising anesthesiologist with the
28 performance of epidural anesthetic procedures and spinal
29 anesthetic procedures.

30 8. Administer blood, blood products, and supportive
31 fluids.

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 9. Support life functions during anesthesia health
2 care, including induction and intubation procedures, the use
3 of appropriate mechanical supportive devices, and the
4 management of fluid, electrolyte, and blood component
5 balances.

6 10. Recognize and take appropriate corrective action
7 for abnormal patient responses to anesthesia, adjunctive
8 medication, or other forms of therapy.

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

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

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

19 (c) An anesthesiologist assistant must clearly convey
20 to the patient that he or she is an anesthesiologist
21 assistant.

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

26 (e) An anesthesiologist assistant may not prescribe,
27 order, or compound any controlled substance, legend drug, or
28 medical device, nor may an anesthesiologist assistant dispense
29 sample drugs to patients. Nothing in this paragraph prohibits
30 an anesthesiologist assistant from administering legend drugs
31 or controlled substances; intravenous drugs, fluids, or blood

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 products; or inhalation or other anesthetic agents to patients
2 which are ordered by the supervising anesthesiologist and
3 administered while under the direct supervision of the
4 supervising anesthesiologist.

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

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

20 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

21 (a) Any person desiring to be licensed as an
22 anesthesiologist assistant must apply to the department. The
23 department shall issue a license to any person certified by
24 the board to:

25 1. Be at least 18 years of age.

26 2. Have satisfactorily passed a proficiency
27 examination with a score established by the National
28 Commission on Certification of Anesthesiologist Assistants.

29 3. Be certified in advanced cardiac life support.

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

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 An application must include:

2 a. A certificate of completion of an approved graduate
3 level program.

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

5 c. A sworn statement of any prior discipline or denial
6 of licensure or certification in any state.

7 d. Two letters of recommendation from
8 anesthesiologists.

9 (b) A license must be renewed biennially. Each renewal
10 must include:

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

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

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

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

29 (e) The Board of Medicine may impose upon an
30 anesthesiologist assistant any penalty specified in s. 456.072
31 or s. 458.331(2) if the anesthesiologist assistant or the

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 supervising anesthesiologist is found guilty of or is
2 investigated for an act that constitutes a violation of this
3 chapter or chapter 456.

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

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

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

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

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

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 regarding the adoption of proposed rules.

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

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

9 1. Refuse to certify the applicant for licensure;

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

12 3. Approve the applicant for conditional licensure.

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

18 (8) PENALTY.--A person who falsely holds himself or
19 herself out as an anesthesiologist assistant commits a felony
20 of the third degree, punishable as provided in s. 775.082, s.
21 775.083, or s. 775.084.

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

27 (10) RULES.--The boards shall adopt rules to
28 administer this section.

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

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

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 105. Paragraph (hh) of subsection (1) of
6 section 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 106. 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 on 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 Anesthesiology affiliated with the American Association of

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 Physician Specialists.

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

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

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

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

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

24 (g) "Direct supervision" means the on-site, personal
25 supervision by an anesthesiologist who is present in the
26 office when the procedure is being performed in that office,
27 or is present in the surgical or obstetrical suite when the
28 procedure is being performed in that surgical or obstetrical
29 suite and who is in all instances immediately available to
30 provide assistance and direction to the anesthesiologist
31 assistant while anesthesia services are being performed.

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

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

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

7 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

8 (a) An anesthesiologist who directly supervises an
9 anesthesiologist assistant must be qualified in the medical
10 areas in which the anesthesiologist assistant performs and is
11 liable for the performance of the anesthesiologist assistant.
12 An anesthesiologist may only supervise two anesthesiologist
13 assistants at the same time. The board may, by rule, allow an
14 anesthesiologist to supervise up to four anesthesiologist
15 assistants, after July 1, 2008.

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

20 1. The name, address, and license number of the
21 anesthesiologist assistant.

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

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

28 4. The date the protocol was developed and the dates
29 of all revisions.

30 5. The signatures of the anesthesiologist assistant
31 and all supervising physicians.

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 6. The duties and functions of the anesthesiologist
2 assistant.

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

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

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

16 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

25 1. Obtain a comprehensive patient history and present
26 the history to the supervising anesthesiologist.

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

30 3. Assist the supervising anesthesiologist with the
31 implementation of medically accepted monitoring techniques.

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

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 (c) An anesthesiologist assistant must clearly convey

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 to the patient that she or he is an anesthesiologist
2 assistant.

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

7 (e) An anesthesiologist assistant may not prescribe,
8 order, or compound any controlled substance, legend drug, or
9 medical device, nor may an anesthesiologist assistant dispense
10 sample drugs to patients. Nothing in this paragraph prohibits
11 an anesthesiologist assistant from administering legend drugs
12 or controlled substances; intravenous drugs, fluids, or blood
13 products; or inhalation or other anesthetic agents to patients
14 which are ordered by the supervising anesthesiologist and
15 administered while under the direct supervision of the
16 supervising 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 he or she 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 board rules.
28 The board may recommend only those anesthesiologist assistant
29 training programs that hold full accreditation or provisional
30 accreditation from the Commission on Accreditation of Allied
31 Health Education Programs.

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

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 on Certification of Anesthesiologist Assistants.
10 3. Be certified in advanced cardiac life support.
11 4. Have completed the application form and remitted an
12 application fee, not to exceed \$1,000, as set by the boards.
13 An application must include:
14 a. A certificate of completion of an approved graduate
15 level program.
16 b. A sworn statement of any prior felony convictions.
17 c. A sworn statement of any prior discipline or denial
18 of licensure or certification in any state.
19 d. Two letters of recommendation from
20 anesthesiologists.
21 (b) A license must be renewed biennially. Each renewal
22 must include:
23 1. A renewal fee, not to exceed \$1,000, as set by the
24 boards.
25 2. A sworn statement of no felony convictions in the
26 immediately preceding 2 years.
27 (c) Each licensed anesthesiologist assistant must
28 biennially complete 40 hours of continuing medical education
29 or hold a current certificate issued by the National
30 Commission on Certification of Anesthesiologist Assistants or
31 its successor.

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

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

10 (e) The Board of Osteopathic Medicine may impose upon
11 an anesthesiologist assistant any penalty specified in s.
12 456.072 or s. 459.015(2) if the anesthesiologist assistant or
13 the supervising anesthesiologist is found guilty of or is
14 investigated for an act that constitutes a violation of this
15 chapter or chapter 456.

16 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
17 ADVISE THE BOARD.--

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

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

29 1. Recommend to the department the licensure of
30 anesthesiologist assistants.

31 2. Develop all rules regulating the use of

Bill No. CS for CS for SB 2170

Amendment No. Barcode 471032

1 anesthesiologist assistants by qualified anesthesiologists
2 under this chapter and chapter 458, except for rules relating
3 to the formulary developed under s. 458.347(4)(f). The board
4 shall also develop rules to ensure that the continuity of
5 supervision is maintained in each practice setting. The boards
6 shall consider adopting a proposed rule at the regularly
7 scheduled meeting immediately following the submission of the
8 proposed rule. A proposed rule may not be adopted by either
9 board unless both boards have accepted and approved the
10 identical language contained in the proposed rule. The
11 language of all proposed rules must be approved by both boards
12 pursuant to each respective board's guidelines and standards
13 regarding the adoption of proposed rules.

14 3. Address concerns and problems of practicing
15 anesthesiologist assistants to improve safety in the clinical
16 practices of licensed anesthesiologist assistants.

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

21 1. Refuse to certify the applicant for licensure;

22 2. Approve the applicant for licensure with

23 restrictions on the scope of practice or license; or

24 3. Approve the applicant for conditional licensure.

25 Such conditions may include placement of the licensee on
26 probation for a period of time and subject to such conditions
27 as the board specifies, including, but not limited to,
28 requiring the licensee to undergo treatment, to attend
29 continuing education courses, or to take corrective action.

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

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 of the third degree, punishable as provided in s. 775.082, s.
2 775.083, or s. 775.084.

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

8 (10) RULES.--The boards shall adopt rules to
9 administer this section.

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

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

17
18 (Redesignate subsequent sections.)

19
20
21 ===== T I T L E A M E N D M E N T =====

22 And the title is amended as follows:

23 On page 10, line 28, after the semicolon,
24
25 insert:
26 amending s. 456.048, F.S.; requiring the Board
27 of Medicine and the Board of Osteopathic
28 Medicine to require medical malpractice
29 insurance or proof of financial responsibility
30 as a condition of licensure or licensure
31 renewal for licensed anesthesiologist

Bill No. CS for CS for SB 2170

Amendment No. ____ Barcode 471032

1 assistants; amending ss. 458.331, 459.015,
2 F.S.; revising grounds for which a physician
3 may be disciplined for failing to provide
4 adequate supervision; creating ss. 458.3475,
5 459.023, F.S.; providing definitions; providing
6 performance standards for anesthesiologist
7 assistants and supervising anesthesiologists;
8 providing for the approval of training programs
9 and for services authorized to be performed by
10 trainees; providing licensing procedures;
11 providing for fees; providing for additional
12 membership, powers, and duties of the Board of
13 Medicine and the Board of Osteopathic Medicine;
14 providing penalties; providing for disciplinary
15 actions; providing for the adoption of rules;
16 prescribing liability; providing for the
17 allocation of fees;

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