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A bill to be entitled

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

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

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

456.048 Financial responsibility requirements for certain

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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 ~~(16)~~(15) or who is a volunteer under s. 110.501(1).

58 (b) Any person whose license or certification has become

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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

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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, is eligible to take that board's examination, or

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117 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 which 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 that the anesthesiologist assistant is in and
 144 who is immediately available to provide assistance and direction
 145 while anesthesia services are being performed.

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146 (h) "Proficiency examination" means an entry-level
 147 examination approved by the boards, including the examination
 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, 2008.

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.

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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

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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-

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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 which 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 board rules. The boards may

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262 recommend only those anesthesiologist assistant training
 263 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. Be certified in advanced cardiac life support.

276 4. Have completed the application form and remitted an
 277 application fee, not to exceed \$1,000, as set by the boards. An
 278 application must include:

279 a. A certificate of completion of an approved graduate-
 280 level program.

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

282 c. A sworn statement of any prior discipline or denial of
 283 licensure or certification in any state.

284 d. Two letters of recommendation from anesthesiologists.

285 (b) A license must be renewed biennially. Each renewal
 286 must include:

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

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

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

295 (d) An anesthesiologist assistant must notify the
 296 department in writing within 30 days after obtaining employment
 297 that requires a license under this chapter and after any
 298 subsequent change in his or her supervising anesthesiologist.
 299 The notification must include the full name, license number,
 300 specialty, and address of the supervising anesthesiologist.
 301 Submission of the required protocol satisfies this requirement.

302 (e) The Board of Medicine may impose upon an
 303 anesthesiologist assistant any penalty specified in s. 456.072
 304 or s. 458.331(2) if the anesthesiologist assistant or the
 305 supervising anesthesiologist is found guilty of or is
 306 investigated for an act that constitutes a violation of this
 307 chapter or chapter 456.

308 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 309 ADVISE THE BOARD.--

310 (a) The chair of the board may appoint an anesthesiologist
 311 and an anesthesiologist assistant to advise the board as to the
 312 adoption of rules for the licensure of anesthesiologist
 313 assistants. The board may use a committee structure that is most
 314 practicable in order to receive any recommendations to the board
 315 regarding rules and all matters relating to anesthesiologist
 316 assistants, including, but not limited to, recommendations to
 317 improve safety in the clinical practices of licensed
 318 anesthesiologist assistants.

319 (b) In addition to its other duties and responsibilities

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320 as prescribed by law, the board shall:

321 1. Recommend to the department the licensure of
322 anesthesiologist assistants.

323 2. Develop all rules regulating the use of
324 anesthesiologist assistants by qualified anesthesiologists under
325 this chapter and chapter 459, except for rules relating to the
326 formulary developed under s. 458.347(4)(f). The board shall also
327 develop rules to ensure that the continuity of supervision is
328 maintained in each practice setting. The boards shall consider
329 adopting a proposed rule at the regularly scheduled meeting
330 immediately following the submission of the proposed rule. A
331 proposed rule may not be adopted by either board unless both
332 boards have accepted and approved the identical language
333 contained in the proposed rule. The language of all proposed
334 rules must be approved by both boards pursuant to each
335 respective board's guidelines and standards regarding the
336 adoption of proposed rules.

337 3. Address concerns and problems of practicing
338 anesthesiologist assistants to improve safety in the clinical
339 practices of licensed anesthesiologist assistants.

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

344 1. Refuse to certify the applicant for licensure;

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

347 3. Approve the applicant for conditional licensure. Such
348 conditions may include placement of the licensee on probation

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349 for a period of time and subject to such conditions as the board
 350 specifies, including, but not limited to, requiring the licensee
 351 to undergo treatment, to attend continuing education courses, or
 352 to take corrective action.

353 (8) PENALTY.--A person who falsely holds himself or
 354 herself out as an anesthesiologist assistant commits a felony of
 355 the third degree, punishable as provided in s. 775.082, s.
 356 775.083, or s. 775.084.

357 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
 358 boards may deny, suspend, or revoke the license of an
 359 anesthesiologist assistant who the board determines has violated
 360 any provision of this section or chapter or any rule adopted
 361 pursuant thereto.

362 (10) RULES.--The boards shall adopt rules to administer
 363 this section.

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

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

371 Section 4. Paragraph (hh) of subsection (1) of section
 372 459.015, Florida Statutes, is amended to read:

373 459.015 Grounds for disciplinary action; action by the
 374 board and department.--

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

377 (hh) Failing to supervise adequately the activities of

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378 those physician assistants, paramedics, emergency medical
 379 technicians, advanced registered nurse practitioners,
 380 anesthesiologist assistants, or other persons acting under the
 381 supervision of the osteopathic physician.

382 Section 5. Section 459.023, Florida Statutes, is created
 383 to read:

384 459.023 Anesthesiologist assistants.--

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

386 (a) "Anesthesiologist" means an osteopathic physician who
 387 holds an active, unrestricted license; who has successfully
 388 completed an anesthesiology training program approved by the
 389 Accreditation Council for Graduate Medical Education, or its
 390 equivalent, or the American Osteopathic Association; and who is
 391 certified by the American Osteopathic Board of Anesthesiology or
 392 is eligible to take that board's examination, is certified by
 393 the American Board of Anesthesiology or is eligible to take that
 394 board's examination, or is certified by the Board of
 395 Certification in Anesthesiology affiliated with the American
 396 Association of Physician Specialists, Inc.

397 (b) "Anesthesiologist assistant" means a graduate of an
 398 approved program who is licensed to perform medical services
 399 delegated and directly supervised by a supervising
 400 anesthesiologist.

401 (c) "Anesthesiology" means the practice of medicine that
 402 specializes in the relief of pain during and after surgical
 403 procedures and childbirth, during certain chronic disease
 404 processes, and during resuscitation and critical care of
 405 patients in the operating room and intensive care environments.

406 (d) "Approved program" means a program for the education

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

409 (e) "Boards" means the Board of Medicine and the Board of
 410 Osteopathic Medicine.

411 (f) "Continuing medical education" means courses
 412 recognized and approved by the boards, the American Academy of
 413 Physician Assistants, the American Medical Association, the
 414 American Osteopathic Association, the American Academy of
 415 Anesthesiologist Assistants, the American Society of
 416 Anesthesiologists, or the Accreditation Council for Continuing
 417 Medical Education.

418 (g) "Direct supervision" means supervision by an
 419 anesthesiologist who is present in the office or the surgical or
 420 obstetrical suite that the anesthesiologist assistant is in and
 421 who is immediately available to provide assistance and direction
 422 while anesthesia services are being performed.

423 (h) "Proficiency examination" means an entry-level
 424 examination approved by the boards, including examinations
 425 administered by the National Commission for Certification of
 426 Anesthesiologist Assistants.

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

429 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

430 (a) An anesthesiologist who directly supervises an
 431 anesthesiologist assistant must be qualified in the medical
 432 areas in which the anesthesiologist assistant performs and is
 433 liable for the performance of the anesthesiologist assistant. An
 434 anesthesiologist may only supervise two anesthesiologist
 435 assistants at the same time. The board may, by rule, allow an

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436 anesthesiologist to supervise up to four anesthesiologist
437 assistants, after July 1, 2008.

438 (b) An anesthesiologist or group of anesthesiologists
439 must, upon establishing a supervisory relationship with an
440 anesthesiologist assistant, file with the board a written
441 protocol that includes, at a minimum:

442 1. The name, address, and license number of the
443 anesthesiologist assistant.

444 2. The name, address, license number, and federal Drug
445 Enforcement Administration number of each physician who will be
446 supervising the anesthesiologist assistant.

447 3. The address of the anesthesiologist assistant's primary
448 practice location and the address of any other locations where
449 the anesthesiologist assistant may practice.

450 4. The date the protocol was developed and the dates of
451 all revisions.

452 5. The signatures of the anesthesiologist assistant and
453 all supervising physicians.

454 6. The duties and functions of the anesthesiologist
455 assistant.

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

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

460

461 The protocol must be on file with the board before the
462 anesthesiologist assistant may practice with the
463 anesthesiologist or group. An anesthesiologist assistant may not
464 practice unless a written protocol has been filed for that

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465 anesthesiologist assistant in accordance with this paragraph,
466 and the anesthesiologist assistant may only practice under the
467 direct supervision of an anesthesiologist who has signed the
468 protocol. The protocol must be updated biennially.

469 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

470 (a) An anesthesiologist assistant may assist an
471 anesthesiologist in developing and implementing an anesthesia
472 care plan for a patient. In providing assistance to an
473 anesthesiologist, an anesthesiologist assistant may perform
474 duties established by rule by the board in any of the following
475 functions that are included in the anesthesiologist assistant's
476 protocol while under the direct supervision of an
477 anesthesiologist:

478 1. Obtain a comprehensive patient history and present the
479 history to the supervising anesthesiologist.

480 2. Pretest and calibrate anesthesia delivery systems and
481 monitor, obtain, and interpret information from the systems and
482 monitors.

483 3. Assist the supervising anesthesiologist with the
484 implementation of medically accepted monitoring techniques.

485 4. Establish basic and advanced airway interventions,
486 including intubation of the trachea and performing ventilatory
487 support.

488 5. Administer intermittent vasoactive drugs and start and
489 adjust vasoactive infusions.

490 6. Administer anesthetic drugs, adjuvant drugs, and
491 accessory drugs.

492 7. Assist the supervising anesthesiologist with the
493 performance of epidural anesthetic procedures and spinal

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494 anesthetic procedures.

495 8. Administer blood, blood products, and supportive
496 fluids.

497 9. Support life functions during anesthesia health care,
498 including induction and intubation procedures, the use of
499 appropriate mechanical supportive devices, and the management of
500 fluid, electrolyte, and blood component balances.

501 10. Recognize and take appropriate corrective action for
502 abnormal patient responses to anesthesia, adjunctive medication,
503 or other forms of therapy.

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

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

509 (b) Nothing in this section or chapter prevents third-
510 party payors from reimbursing employers of anesthesiologist
511 assistants for covered services rendered by such
512 anesthesiologist assistants.

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

515 (d) An anesthesiologist assistant may perform anesthesia
516 tasks and services within the framework of a written practice
517 protocol developed between the supervising anesthesiologist and
518 the anesthesiologist assistant.

519 (e) An anesthesiologist assistant may not prescribe,
520 order, or compound any controlled substance, legend drug, or
521 medical device, nor may an anesthesiologist assistant dispense
522 sample drugs to patients. Nothing in this paragraph prohibits an

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523 anesthesiologist assistant from administering legend drugs or
 524 controlled substances; intravenous drugs, fluids, or blood
 525 products; or inhalation or other anesthetic agents to patients
 526 which are ordered by the supervising anesthesiologist and
 527 administered while under the direct supervision of the
 528 supervising anesthesiologist.

529 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is
 530 exempt from the requirements of this chapter while the trainee
 531 is performing assigned tasks as a trainee in conjunction with an
 532 approved program. Before providing anesthesia services,
 533 including the administration of anesthesia in conjunction with
 534 the requirements of an approved program, the trainee must
 535 clearly convey to the patient that she or he is a trainee.

536 (5) PROGRAM APPROVAL.--The boards shall approve programs
 537 for the education and training of anesthesiologist assistants
 538 which meet standards established by board rules. The boards may
 539 recommend only those anesthesiologist assistant training
 540 programs that hold full accreditation or provisional
 541 accreditation from the Commission on Accreditation of Allied
 542 Health Education Programs.

543 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

544 (a) Any person desiring to be licensed as an
 545 anesthesiologist assistant must apply to the department. The
 546 department shall issue a license to any person certified by the
 547 board to:

- 548 1. Be at least 18 years of age.
- 549 2. Have satisfactorily passed a proficiency examination
 550 with a score established by the National Commission for
 551 Certification of Anesthesiologist Assistants.

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552 3. Be certified in advanced cardiac life support.
 553 4. Have completed the application form and remitted an
 554 application fee, not to exceed \$1,000, as set by the boards. An
 555 application must include:
 556 a. A certificate of completion of an approved graduate-
 557 level program.
 558 b. A sworn statement of any prior felony convictions.
 559 c. A sworn statement of any prior discipline or denial of
 560 licensure or certification in any state.
 561 d. Two letters of recommendation from anesthesiologists.
 562 (b) A license must be renewed biennially. Each renewal
 563 must include:
 564 1. A renewal fee, not to exceed \$1,000, as set by the
 565 boards.
 566 2. A sworn statement of no felony convictions in the
 567 immediately preceding 2 years.
 568 (c) Each licensed anesthesiologist assistant must
 569 biennially complete 40 hours of continuing medical education or
 570 hold a current certificate issued by the National Commission for
 571 Certification of Anesthesiologist Assistants or its successor.
 572 (d) An anesthesiologist assistant must notify the
 573 department in writing within 30 days after obtaining employment
 574 that requires a license under this chapter and after any
 575 subsequent change in her or his supervising anesthesiologist.
 576 The notification must include the full name, license number,
 577 specialty, and address of the supervising anesthesiologist.
 578 Submission of the required protocol satisfies this requirement.
 579 (e) The Board of Osteopathic Medicine may impose upon an
 580 anesthesiologist assistant any penalty specified in s. 456.072

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581 or s. 459.015(2) if the anesthesiologist assistant or the
 582 supervising anesthesiologist is found guilty of or is
 583 investigated for an act that constitutes a violation of this
 584 chapter or chapter 456.

585 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 586 ADVISE THE BOARD.--

587 (a) The chair of the board may appoint an anesthesiologist
 588 and an anesthesiologist assistant to advise the board as to the
 589 adoption of rules for the licensure of anesthesiologist
 590 assistants. The board may use a committee structure that is most
 591 practicable in order to receive any recommendations to the board
 592 regarding rules and all matters relating to anesthesiologist
 593 assistants, including, but not limited to, recommendations to
 594 improve safety in the clinical practices of licensed
 595 anesthesiologist assistants.

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

598 1. Recommend to the department the licensure of
 599 anesthesiologist assistants.

600 2. Develop all rules regulating the use of
 601 anesthesiologist assistants by qualified anesthesiologists under
 602 this chapter and chapter 458, except for rules relating to the
 603 formulary developed under s. 458.347(4)(f). The board shall also
 604 develop rules to ensure that the continuity of supervision is
 605 maintained in each practice setting. The boards shall consider
 606 adopting a proposed rule at the regularly scheduled meeting
 607 immediately following the submission of the proposed rule. A
 608 proposed rule may not be adopted by either board unless both
 609 boards have accepted and approved the identical language

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610 contained in the proposed rule. The language of all proposed
 611 rules must be approved by both boards pursuant to each
 612 respective board's guidelines and standards regarding the
 613 adoption of proposed rules.

614 3. Address concerns and problems of practicing
 615 anesthesiologist assistants to improve safety in the clinical
 616 practices of licensed anesthesiologist assistants.

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

621 1. Refuse to certify the applicant for licensure;

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

624 3. Approve the applicant for conditional licensure. Such
 625 conditions may include placement of the licensee on probation
 626 for a period of time and subject to such conditions as the board
 627 specifies, including, but not limited to, requiring the licensee
 628 to undergo treatment, to attend continuing education courses, or
 629 to take corrective action.

630 (8) PENALTY.--A person who falsely holds herself or
 631 himself out as an anesthesiologist assistant commits a felony of
 632 the third degree, punishable as provided in s. 775.082, s.
 633 775.083, or s. 775.084.

634 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
 635 boards may deny, suspend, or revoke the license of an
 636 anesthesiologist assistant who the board determines has violated
 637 any provision of this section or chapter or any rule adopted
 638 pursuant thereto.

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639 (10) RULES.--The boards shall adopt rules to administer
 640 this section.

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

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

648 Section 6. This act shall take effect July 1, 2004.