

CHAMBER ACTION

1 The Committee on Finance & Tax recommends the following:

2
3 **Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to anesthesiologist assistants; amending
7 s. 456.048, F.S.; requiring the Board of Medicine and the
8 Board of Osteopathic Medicine to require medical
9 malpractice insurance or proof of financial responsibility
10 as a condition of licensure or licensure renewal for
11 licensed anesthesiologist assistants; correcting a cross
12 reference; amending ss. 458.331 and 459.015, F.S.;
13 revising grounds for which a physician may be disciplined
14 for failing to provide adequate supervision; providing
15 penalties; creating ss. 458.3475 and 459.023, F.S.;
16 providing definitions; providing performance standards for
17 anesthesiologist assistants and supervising
18 anesthesiologists; providing for the approval of training
19 programs and for services authorized to be performed by
20 trainees; providing licensing procedures; providing for
21 fees; providing for additional powers and duties of the
22 Board of Medicine and the Board of Osteopathic Medicine
23 and appointment of certain advisers to the boards;

HB 579

2004
CS

24 providing penalties; providing for disciplinary actions;
 25 providing for the adoption of rules; prescribing
 26 liability; providing for the allocation of fees; providing
 27 an effective date.

28

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

30

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

33 456.048 Financial responsibility requirements for certain
 34 health care practitioners.--

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

HB579

2004
CS

50 (2) The board or department may grant exemptions upon
51 application by practitioners meeting any of the following
52 criteria:

53 (a) Any person licensed under chapter 457, s. 458.3475, s.
54 459.023, chapter 460, chapter 461, s. 464.012, chapter 466, or
55 chapter 467 who practices exclusively as an officer, employee,
56 or agent of the Federal Government or of the state or its
57 agencies or its subdivisions. For the purposes of this
58 subsection, an agent of the state, its agencies, or its
59 subdivisions is a person who is eligible for coverage under any
60 self-insurance or insurance program authorized by the provisions
61 of s. 768.28 (16)~~(15)~~ or who is a volunteer under s. 110.501(1).

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

75 (c) Any person holding a limited license pursuant to s.
76 456.015, and practicing under the scope of such limited license.

HB579

2004
CS

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

85 (e) Any person holding an active license or certification
 86 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
 87 461, s. 464.012, chapter 466, or chapter 467 who is not
 88 practicing in this state. If such person initiates or resumes
 89 practice in this state, he or she must notify the department of
 90 such activity.

91 (f) Any person who can demonstrate to the board or
 92 department that he or she has no malpractice exposure in the
 93 state.

94 (3) Notwithstanding the provisions of this section, the
 95 financial responsibility requirements of ss. 458.320 and
 96 459.0085 shall continue to apply to practitioners licensed under
 97 those chapters, except for anesthesiologist assistants licensed
 98 pursuant to s. 458.3475 or s. 459.023 who must meet the
 99 requirements of this section.

100 Section 2. Paragraph (dd) of subsection (1) of section
 101 458.331, Florida Statutes, is amended to read:

102 458.331 Grounds for disciplinary action; action by the
 103 board and department.--

HB 579

2004
CS

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

106 (dd) Failing to supervise adequately the activities of
107 those physician assistants, paramedics, emergency medical
108 technicians, ~~or~~ advanced registered nurse practitioners, or
109 anesthesiologist assistants acting under the supervision of the
110 physician.

111 Section 3. Section 458.3475, Florida Statutes, is created
112 to read:

113 458.3475 Anesthesiologist assistants.--

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

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

124 (b) "Anesthesiologist assistant" means a graduate of an
125 approved program who is licensed to perform medical services
126 delegated and directly supervised by a supervising
127 anesthesiologist.

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

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

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

136 (e) "Boards" means the Board of Medicine and the Board of
 137 Osteopathic Medicine.

138 (f) "Continuing medical education" means courses
 139 recognized and approved by the boards, the American Academy of
 140 Physician Assistants, the American Medical Association, the
 141 American Osteopathic Association, the American Academy of
 142 Anesthesiologist Assistants, the American Society of
 143 Anesthesiologists, or the Accreditation Council for Continuing
 144 Medical Education.

145 (g) "Direct supervision" means the on-site, personal
 146 supervision by an anesthesiologist who is present in the office
 147 when the procedure is being performed in that office, or is
 148 present in the surgical or obstetrical suite when the procedure
 149 is being performed in that surgical or obstetrical suite, and
 150 who is in all instances immediately available to provide
 151 assistance and direction to the anesthesiologist assistant while
 152 anesthesia services are being performed.

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

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

HB 579

2004
CS

- 159 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--
- 160 (a) An anesthesiologist who directly supervises an
- 161 anesthesiologist assistant must be qualified in the medical
- 162 areas in which the anesthesiologist assistant performs and is
- 163 liable for the performance of the anesthesiologist assistant. An
- 164 anesthesiologist may only supervise two anesthesiologist
- 165 assistants at the same time. The board may, by rule, allow an
- 166 anesthesiologist to supervise up to four anesthesiologist
- 167 assistants, after July 1, 2008.
- 168 (b) An anesthesiologist or group of anesthesiologists
- 169 must, upon establishing a supervisory relationship with an
- 170 anesthesiologist assistant, file with the board a written
- 171 protocol that includes, at a minimum:
- 172 1. The name, address, and license number of the
- 173 anesthesiologist assistant.
- 174 2. The name, address, license number, and federal Drug
- 175 Enforcement Administration number of each physician who will be
- 176 supervising the anesthesiologist assistant.
- 177 3. The address of the anesthesiologist assistant's primary
- 178 practice location and the address of any other locations where
- 179 the anesthesiologist assistant may practice.
- 180 4. The date the protocol was developed and the dates of
- 181 all revisions.
- 182 5. The signatures of the anesthesiologist assistant and
- 183 all supervising physicians.
- 184 6. The duties and functions of the anesthesiologist
- 185 assistant.

HB 579

2004
CS

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

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

190
191 The protocol must be on file with the board before the
192 anesthesiologist assistant may practice with the
193 anesthesiologist or group. An anesthesiologist assistant may not
194 practice unless a written protocol has been filed for that
195 anesthesiologist assistant in accordance with this paragraph,
196 and the anesthesiologist assistant may only practice under the
197 direct supervision of an anesthesiologist who has signed the
198 protocol. The protocol must be updated biennially.

199 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

208 1. Obtain a comprehensive patient history and present the
209 history to the supervising anesthesiologist.

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

- 213 3. Assist the supervising anesthesiologist with the
 214 implementation of medically accepted monitoring techniques.
- 215 4. Establish basic and advanced airway interventions,
 216 including intubation of the trachea and performing ventilatory
 217 support.
- 218 5. Administer intermittent vasoactive drugs and start and
 219 adjust vasoactive infusions.
- 220 6. Administer anesthetic drugs, adjuvant drugs, and
 221 accessory drugs.
- 222 7. Assist the supervising anesthesiologist with the
 223 performance of epidural anesthetic procedures and spinal
 224 anesthetic procedures.
- 225 8. Administer blood, blood products, and supportive
 226 fluids.
- 227 9. Support life functions during anesthesia health care,
 228 including induction and intubation procedures, the use of
 229 appropriate mechanical supportive devices, and the management of
 230 fluid, electrolyte, and blood component balances.
- 231 10. Recognize and take appropriate corrective action for
 232 abnormal patient responses to anesthesia, adjunctive medication,
 233 or other forms of therapy.
- 234 11. Participate in management of the patient while in the
 235 postanesthesia recovery area, including the administration of
 236 any supporting fluids or drugs.
- 237 12. Place special peripheral and central venous and
 238 arterial lines for blood sampling and monitoring as appropriate.
- 239 (b) Nothing in this section or chapter prevents third-
 240 party payors from reimbursing employers of anesthesiologist

241 assistants for covered services rendered by such
 242 anesthesiologist assistants.

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

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

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

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

266 (5) PROGRAM APPROVAL.--The boards shall approve programs
 267 for the education and training of anesthesiologist assistants
 268 which meet standards established by board rules. The boards may

HB579

2004
CS

269 | recommend only those anesthesiologist assistant training
 270 | programs that hold full accreditation or provisional
 271 | accreditation from the Commission on Accreditation of Allied
 272 | Health Education Programs.

273 | (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--
 274 | (a) Any person desiring to be licensed as an
 275 | anesthesiologist assistant must apply to the department. The
 276 | department shall issue a license to any person certified by the
 277 | board to:

278 | 1. Be at least 18 years of age.
 279 | 2. Have satisfactorily passed a proficiency examination
 280 | with a score established by the National Commission for
 281 | Certification of Anesthesiologist Assistants.

282 | 3. Be certified in advanced cardiac life support.
 283 | 4. Have completed the application form and remitted an
 284 | application fee, not to exceed \$1,000, as set by the boards. An
 285 | application must include:

286 | a. A certificate of completion of an approved graduate-
 287 | level program.

288 | b. A sworn statement of any prior felony convictions.
 289 | c. A sworn statement of any prior discipline or denial of
 290 | licensure or certification in any state.

291 | d. Two letters of recommendation from anesthesiologists.
 292 | (b) A license must be renewed biennially. Each renewal
 293 | must include:

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

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

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

302 (d) An anesthesiologist assistant must notify the
 303 department in writing within 30 days after obtaining employment
 304 that requires a license under this chapter and after any
 305 subsequent change in his or her supervising anesthesiologist.
 306 The notification must include the full name, license number,
 307 specialty, and address of the supervising anesthesiologist.
 308 Submission of the required protocol satisfies this requirement.

309 (e) The Board of Medicine may impose upon an
 310 anesthesiologist assistant any penalty specified in s. 456.072
 311 or s. 458.331(2) if the anesthesiologist assistant or the
 312 supervising anesthesiologist is found guilty of or is
 313 investigated for an act that constitutes a violation of this
 314 chapter or chapter 456.

315 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 316 ADVISE THE BOARD.--

317 (a) The chair of the board may appoint an anesthesiologist
 318 and an anesthesiologist assistant to advise the board as to the
 319 adoption of rules for the licensure of anesthesiologist
 320 assistants. The board may use a committee structure that is most
 321 practicable in order to receive any recommendations to the board
 322 regarding rules and all matters relating to anesthesiologist
 323 assistants, including, but not limited to, recommendations to

HB 579

2004
CS

324 improve safety in the clinical practices of licensed
 325 anesthesiologist assistants.

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

328 1. Recommend to the department the licensure of
 329 anesthesiologist assistants.

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

344 3. Address concerns and problems of practicing
 345 anesthesiologist assistants to improve safety in the clinical
 346 practices of licensed anesthesiologist assistants.

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

351 1. Refuse to certify the applicant for licensure;

HB579

2004
CS

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

354 3. Approve the applicant for conditional licensure. Such
 355 conditions may include placement of the licensee on probation
 356 for a period of time and subject to such conditions as the board
 357 specifies, including, but not limited to, requiring the licensee
 358 to undergo treatment, to attend continuing education courses, or
 359 to take corrective action.

360 (8) PENALTY.--A person who falsely holds himself or
 361 herself out as an anesthesiologist assistant commits a felony of
 362 the third degree, punishable as provided in s. 775.082, s.
 363 775.083, or s. 775.084.

364 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
 365 boards may deny, suspend, or revoke the license of an
 366 anesthesiologist assistant who the board determines has violated
 367 any provision of this section or chapter or any rule adopted
 368 pursuant thereto.

369 (10) RULES.--The boards shall adopt rules to administer
 370 this section.

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

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

378 Section 4. Paragraph (hh) of subsection (1) of section
 379 459.015, Florida Statutes, is amended to read:

HB 579

2004
CS

380 459.015 Grounds for disciplinary action; action by the
381 board and department.--

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

384 (hh) Failing to supervise adequately the activities of
385 those physician assistants, paramedics, emergency medical
386 technicians, advanced registered nurse practitioners,
387 anesthesiologist assistants, or other persons acting under the
388 supervision of the osteopathic physician.

389 Section 5. Section 459.023, Florida Statutes, is created
390 to read:

391 459.023 Anesthesiologist assistants.--

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

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

404 (b) "Anesthesiologist assistant" means a graduate of an
405 approved program who is licensed to perform medical services
406 delegated and directly supervised by a supervising
407 anesthesiologist.

HB 579

2004
CS

408 (c) "Anesthesiology" means the practice of medicine that
 409 specializes in the relief of pain during and after surgical
 410 procedures and childbirth, during certain chronic disease
 411 processes, and during resuscitation and critical care of
 412 patients in the operating room and intensive care environments.

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

416 (e) "Boards" means the Board of Medicine and the Board of
 417 Osteopathic Medicine.

418 (f) "Continuing medical education" means courses
 419 recognized and approved by the boards, the American Academy of
 420 Physician Assistants, the American Medical Association, the
 421 American Osteopathic Association, the American Academy of
 422 Anesthesiologist Assistants, the American Society of
 423 Anesthesiologists, or the Accreditation Council for Continuing
 424 Medical Education.

425 (g) "Direct supervision" means the on-site, personal
 426 supervision by an anesthesiologist who is present in the office
 427 when the procedure is being performed in that office, or is
 428 present in the surgical or obstetrical suite when the procedure
 429 is being performed in that surgical or obstetrical suite, and
 430 who is in all instances immediately available to provide
 431 assistance and direction to the anesthesiologist assistant while
 432 anesthesia services are being performed.

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

HB 579

2004
CS

435 administered by the National Commission for Certification of
436 Anesthesiologist Assistants.

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

439 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

440 (a) An anesthesiologist who directly supervises an
441 anesthesiologist assistant must be qualified in the medical
442 areas in which the anesthesiologist assistant performs and is
443 liable for the performance of the anesthesiologist assistant. An
444 anesthesiologist may only supervise two anesthesiologist
445 assistants at the same time. The board may, by rule, allow an
446 anesthesiologist to supervise up to four anesthesiologist
447 assistants, after July 1, 2008.

448 (b) An anesthesiologist or group of anesthesiologists
449 must, upon establishing a supervisory relationship with an
450 anesthesiologist assistant, file with the board a written
451 protocol that includes, at a minimum:

452 1. The name, address, and license number of the
453 anesthesiologist assistant.

454 2. The name, address, license number, and federal Drug
455 Enforcement Administration number of each physician who will be
456 supervising the anesthesiologist assistant.

457 3. The address of the anesthesiologist assistant's primary
458 practice location and the address of any other locations where
459 the anesthesiologist assistant may practice.

460 4. The date the protocol was developed and the dates of
461 all revisions.

462 5. The signatures of the anesthesiologist assistant and
 463 all supervising physicians.

464 6. The duties and functions of the anesthesiologist
 465 assistant.

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

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

470
 471 The protocol must be on file with the board before the
 472 anesthesiologist assistant may practice with the
 473 anesthesiologist or group. An anesthesiologist assistant may not
 474 practice unless a written protocol has been filed for that
 475 anesthesiologist assistant in accordance with this paragraph,
 476 and the anesthesiologist assistant may only practice under the
 477 direct supervision of an anesthesiologist who has signed the
 478 protocol. The protocol must be updated biennially.

479 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

480 (a) An anesthesiologist assistant may assist an
 481 anesthesiologist in developing and implementing an anesthesia
 482 care plan for a patient. In providing assistance to an
 483 anesthesiologist, an anesthesiologist assistant may perform
 484 duties established by rule by the board in any of the following
 485 functions that are included in the anesthesiologist assistant's
 486 protocol while under the direct supervision of an
 487 anesthesiologist:

488 1. Obtain a comprehensive patient history and present the
 489 history to the supervising anesthesiologist.

HB 579

2004
CS

490 2. Pretest and calibrate anesthesia delivery systems and
 491 monitor, obtain, and interpret information from the systems and
 492 monitors.

493 3. Assist the supervising anesthesiologist with the
 494 implementation of medically accepted monitoring techniques.

495 4. Establish basic and advanced airway interventions,
 496 including intubation of the trachea and performing ventilatory
 497 support.

498 5. Administer intermittent vasoactive drugs and start and
 499 adjust vasoactive infusions.

500 6. Administer anesthetic drugs, adjuvant drugs, and
 501 accessory drugs.

502 7. Assist the supervising anesthesiologist with the
 503 performance of epidural anesthetic procedures and spinal
 504 anesthetic procedures.

505 8. Administer blood, blood products, and supportive
 506 fluids.

507 9. Support life functions during anesthesia health care,
 508 including induction and intubation procedures, the use of
 509 appropriate mechanical supportive devices, and the management of
 510 fluid, electrolyte, and blood component balances.

511 10. Recognize and take appropriate corrective action for
 512 abnormal patient responses to anesthesia, adjunctive medication,
 513 or other forms of therapy.

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

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

519 (b) Nothing in this section or chapter prevents third-
 520 party payors from reimbursing employers of anesthesiologist
 521 assistants for covered services rendered by such
 522 anesthesiologist assistants.

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

525 (d) An anesthesiologist assistant may perform anesthesia
 526 tasks and services within the framework of a written practice
 527 protocol developed between the supervising anesthesiologist and
 528 the anesthesiologist assistant.

529 (e) An anesthesiologist assistant may not prescribe,
 530 order, or compound any controlled substance, legend drug, or
 531 medical device, nor may an anesthesiologist assistant dispense
 532 sample drugs to patients. Nothing in this paragraph prohibits an
 533 anesthesiologist assistant from administering legend drugs or
 534 controlled substances; intravenous drugs, fluids, or blood
 535 products; or inhalation or other anesthetic agents to patients
 536 which are ordered by the supervising anesthesiologist and
 537 administered while under the direct supervision of the
 538 supervising anesthesiologist.

539 (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is
 540 exempt from the requirements of this chapter while the trainee
 541 is performing assigned tasks as a trainee in conjunction with an
 542 approved program. Before providing anesthesia services,
 543 including the administration of anesthesia in conjunction with

HB 579

2004
CS

544 the requirements of an approved program, the trainee must
 545 clearly convey to the patient that she or he is a trainee.

546 (5) PROGRAM APPROVAL.--The boards shall approve programs
 547 for the education and training of anesthesiologist assistants
 548 which meet standards established by board rules. The boards may
 549 recommend only those anesthesiologist assistant training
 550 programs that hold full accreditation or provisional
 551 accreditation from the Commission on Accreditation of Allied
 552 Health Education Programs.

553 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

554 (a) Any person desiring to be licensed as an
 555 anesthesiologist assistant must apply to the department. The
 556 department shall issue a license to any person certified by the
 557 board to:

558 1. Be at least 18 years of age.

559 2. Have satisfactorily passed a proficiency examination
 560 with a score established by the National Commission for
 561 Certification of Anesthesiologist Assistants.

562 3. Be certified in advanced cardiac life support.

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

566 a. A certificate of completion of an approved graduate-
 567 level program.

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

569 c. A sworn statement of any prior discipline or denial of
 570 licensure or certification in any state.

571 d. Two letters of recommendation from anesthesiologists.

HB 579

2004
CS

572 (b) A license must be renewed biennially. Each renewal
573 must include:

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

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

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

582 (d) An anesthesiologist assistant must notify the
583 department in writing within 30 days after obtaining employment
584 that requires a license under this chapter and after any
585 subsequent change in her or his supervising anesthesiologist.
586 The notification must include the full name, license number,
587 specialty, and address of the supervising anesthesiologist.
588 Submission of the required protocol satisfies this requirement.

589 (e) The Board of Osteopathic Medicine may impose upon an
590 anesthesiologist assistant any penalty specified in s. 456.072
591 or s. 459.015(2) if the anesthesiologist assistant or the
592 supervising anesthesiologist is found guilty of or is
593 investigated for an act that constitutes a violation of this
594 chapter or chapter 456.

595 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
596 ADVISE THE BOARD.--

597 (a) The chair of the board may appoint an anesthesiologist
598 and an anesthesiologist assistant to advise the board as to the
599 adoption of rules for the licensure of anesthesiologist

HB 579

2004
CS

600 assistants. The board may use a committee structure that is most
601 practicable in order to receive any recommendations to the board
602 regarding rules and all matters relating to anesthesiologist
603 assistants, including, but not limited to, recommendations to
604 improve safety in the clinical practices of licensed
605 anesthesiologist assistants.

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

608 1. Recommend to the department the licensure of
609 anesthesiologist assistants.

610 2. Develop all rules regulating the use of
611 anesthesiologist assistants by qualified anesthesiologists under
612 this chapter and chapter 458, except for rules relating to the
613 formulary developed under s. 458.347(4)(f). The board shall also
614 develop rules to ensure that the continuity of supervision is
615 maintained in each practice setting. The boards shall consider
616 adopting a proposed rule at the regularly scheduled meeting
617 immediately following the submission of the proposed rule. A
618 proposed rule may not be adopted by either board unless both
619 boards have accepted and approved the identical language
620 contained in the proposed rule. The language of all proposed
621 rules must be approved by both boards pursuant to each
622 respective board's guidelines and standards regarding the
623 adoption of proposed rules.

624 3. Address concerns and problems of practicing
625 anesthesiologist assistants to improve safety in the clinical
626 practices of licensed anesthesiologist assistants.

HB 579

2004
CS

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

- 631 1. Refuse to certify the applicant for licensure;
 632 2. Approve the applicant for licensure with restrictions
 633 on the scope of practice or license; or
 634 3. Approve the applicant for conditional licensure. Such
 635 conditions may include placement of the licensee on probation
 636 for a period of time and subject to such conditions as the board
 637 specifies, including, but not limited to, requiring the licensee
 638 to undergo treatment, to attend continuing education courses, or
 639 to take corrective action.

640 (8) PENALTY.--A person who falsely holds herself or
 641 himself out as an anesthesiologist assistant commits a felony of
 642 the third degree, punishable as provided in s. 775.082, s.
 643 775.083, or s. 775.084.

644 (9) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.--The
 645 boards may deny, suspend, or revoke the license of an
 646 anesthesiologist assistant who the board determines has violated
 647 any provision of this section or chapter or any rule adopted
 648 pursuant thereto.

649 (10) RULES.--The boards shall adopt rules to administer
 650 this section.

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

HB579

2004
CS

654 | comply with the financial responsibility requirements of this
655 | chapter and chapter 456, as applicable.

656 | (12) FEES.--The department shall allocate the fees
657 | collected under this section to the board.

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