

By Senators Fasano, Peaden and Klein

11-308A-04

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

27
28 Be It Enacted by the Legislature of the State of Florida:

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

1 456.048 Financial responsibility requirements for
2 certain health care practitioners.--

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

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

22 (a) Any person licensed under chapter 457, s.
23 458.3475, s. 459.023,chapter 460, chapter 461, s. 464.012,
24 chapter 466, or chapter 467 who practices exclusively as an
25 officer, employee, or agent of the Federal Government or of
26 the state or its agencies or its subdivisions. For the
27 purposes of this subsection, an agent of the state, its
28 agencies, or its subdivisions is a person who is eligible for
29 coverage under any self-insurance or insurance program
30 authorized by the provisions of s. 768.28(15) or who is a
31 volunteer under s. 110.501(1).

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

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

17 (d) Any person licensed or certified under chapter
18 457, s. 458.3475, s. 459.023,chapter 460, chapter 461, s.
19 464.012, chapter 466, or chapter 467 who practices only in
20 conjunction with his or her teaching duties at an accredited
21 school or in its main teaching hospitals. Such person may
22 engage in the practice of medicine to the extent that such
23 practice is incidental to and a necessary part of duties in
24 connection with the teaching position in the school.

25 (e) Any person holding an active license or
26 certification under chapter 457, s. 458.3475, s. 459.023,
27 chapter 460, chapter 461, s. 464.012, chapter 466, or chapter
28 467 who is not practicing in this state. If such person
29 initiates or resumes practice in this state, he or she must
30 notify the department of such activity.

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

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

10 Section 2. Paragraph (dd) of subsection (1) of section
11 458.331, Florida Statutes, is amended to read:

12 458.331 Grounds for disciplinary action; action by the
13 board and department.--

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

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

22 Section 3. Section 458.3475, Florida Statutes, is
23 created to read:

24 458.3475 Anesthesiologist assistants.--

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

26 (a) "Anesthesiologist" means an allopathic physician
27 who holds an active, unrestricted license; who has
28 successfully completed an anesthesiology training program
29 approved by the Accreditation Council on Graduate Medical
30 Education or its equivalent; and who is certified by the
31 American Board of Anesthesiology, is eligible to take that

1 board's examination, or is certified by the Board of
2 Certification in Anesthesiology affiliated with the American
3 Association of Physician Specialists.

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

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

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

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

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

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

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1 (h) "Proficiency examination" means an entry-level
2 examination approved by the boards, including examination
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.

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.

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.

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

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

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

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

26 (5) PROGRAM APPROVAL.--The boards shall approve
27 programs for the education and training of anesthesiologist
28 assistants which meet standards established by board rules.
29 The boards may recommend only those anesthesiologist assistant
30 training programs that hold full accreditation or provisional
31

1 accreditation from the Commission on Accreditation of Allied
2 Health Education Programs.

3 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

8 1. Be at least 18 years of age.

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

12 3. Be certified in advanced cardiac life support.

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

15 An application must include:

16 a. A certificate of completion of an approved graduate
17 level program.

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

19 c. A sworn statement of any prior discipline or denial
20 of licensure or certification in any state.

21 d. Two letters of recommendation from
22 anesthesiologists.

23 (b) A license must be renewed biennially. Each renewal
24 must include:

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

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

29 (c) Each licensed anesthesiologist assistant must
30 biennially complete 40 hours of continuing medical education
31 or hold a current certificate issued by the National

1 Commission on Certification of Anesthesiologist Assistants or
2 its successor.

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

11 (e) The Board of Medicine may impose upon an
12 anesthesiologist assistant any penalty specified in s. 456.072
13 or s. 458.331(2) if the anesthesiologist assistant or the
14 supervising anesthesiologist is found guilty of or is
15 investigated for an act that constitutes a violation of this
16 chapter or chapter 456.

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

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

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

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

1 2. Develop all rules regulating the use of
2 anesthesiologist assistants by qualified anesthesiologists
3 under this chapter and chapter 459, except for rules relating
4 to the formulary developed under s. 458.347(4)(f). The board
5 shall also develop rules to ensure that the continuity of
6 supervision is maintained in each practice setting. The boards
7 shall consider adopting a proposed rule at the regularly
8 scheduled meeting immediately following the submission of the
9 proposed rule. A proposed rule may not be adopted by either
10 board unless both boards have accepted and approved the
11 identical language contained in the proposed rule. The
12 language of all proposed rules must be approved by both boards
13 pursuant to each respective board's guidelines and standards
14 regarding the adoption of proposed rules.

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

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

- 22 1. Refuse to certify the applicant for licensure;
23 2. Approve the applicant for licensure with
24 restrictions on the scope of practice or license; or
25 3. Approve the applicant for conditional licensure.

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

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1 (8) PENALTY.--A person who falsely holds himself or
2 herself out as an anesthesiologist assistant commits a felony
3 of the third degree, punishable as provided in s. 775.082, s.
4 775.083, or s. 775.084.

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

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

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

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

19 Section 4. Paragraph (hh) of subsection (1) of section
20 459.015, Florida Statutes, is amended to read:

21 459.015 Grounds for disciplinary action; action by the
22 board and department.--

23 (1) The following acts constitute grounds for denial
24 of a license or disciplinary action, as specified in s.
25 456.072(2):

26 (hh) Failing to supervise adequately the activities of
27 those physician assistants, paramedics, emergency medical
28 technicians, advanced registered nurse practitioners,
29 anesthesiologist assistants, or other persons acting under the
30 supervision of the osteopathic physician.

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1 Section 5. Section 459.023, Florida Statutes, is
2 created to read:

3 459.023 Anesthesiologist assistants.--

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

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

17 (b) "Anesthesiologist assistant" means a graduate of
18 an approved program who is licensed to perform medical
19 services delegated and directly supervised by a supervising
20 anesthesiologist.

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

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

30 (e) "Boards" means the Board of Medicine and the Board
31 of Osteopathic Medicine.

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

8 (g) "Direct supervision" means supervision by an
9 anesthesiologist who is present in the office or the surgical
10 or obstetrical suite/with the anesthesiologist assistant is in
11 and who is immediately available to provide assistance and
12 direction while anesthesia services are being performed.

13 (h) "Proficiency examination" means an entry-level
14 examination approved by the boards, including examinations
15 administered by the National Commission on Certification of
16 Anesthesiologist Assistants.

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

19 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

20 (a) An anesthesiologist who directly supervises an
21 anesthesiologist assistant must be qualified in the medical
22 areas in which the anesthesiologist assistant performs and is
23 liable for the performance of the anesthesiologist assistant.
24 An anesthesiologist may only supervise two anesthesiologist
25 assistants at the same time. The board may, by rule, allow an
26 anesthesiologist to supervise up to four anesthesiologist
27 assistants, after July 1, 2008.

28 (b) An anesthesiologist or group of anesthesiologists
29 must, upon establishing a supervisory relationship with an
30 anesthesiologist assistant, file with the board a written
31 protocol that includes, at a minimum:

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

3 2. The name, address, license number, and federal Drug
4 Enforcement Administration number of each physician who will
5 be supervising the anesthesiologist assistant.

6 3. The address of the anesthesiologist assistant's
7 primary practice location and the address of any other
8 locations where the anesthesiologist assistant may practice.

9 4. The date the protocol was developed and the dates
10 of all revisions.

11 5. The signatures of the anesthesiologist assistant
12 and all supervising physicians.

13 6. The duties and functions of the anesthesiologist
14 assistant.

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

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

19
20 The protocol must be on file with the board before the
21 anesthesiologist assistant may practice with the
22 anesthesiologist or group. An anesthesiologist assistant may
23 not practice unless a written protocol has been filed for that
24 anesthesiologist assistant in accordance with this paragraph,
25 and the anesthesiologist assistant may only practice under the
26 direct supervision of an anesthesiologist who has signed the
27 protocol. The protocol must be updated biennially.

28 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

29 (a) An anesthesiologist assistant may assist an
30 anesthesiologist in developing and implementing an anesthesia
31 care plan for a patient. In providing assistance to an

1 anesthesiologist, an anesthesiologist assistant may perform
2 duties established by rule by the board in any of the
3 following functions that are included in the anesthesiologist
4 assistant's protocol while under the direct supervision of an
5 anesthesiologist:

6 1. Obtain a comprehensive patient history and present
7 the history to the supervising anesthesiologist.

8 2. Pretest and calibrate anesthesia delivery systems
9 and monitor, obtain, and interpret information from the
10 systems and monitors.

11 3. Assist the supervising anesthesiologist with the
12 implementation of medically accepted monitoring techniques.

13 4. Establish basic and advanced airway interventions,
14 including intubation of the trachea and performing ventilatory
15 support.

16 5. Administer intermittent vasoactive drugs and start
17 and adjust vasoactive infusions.

18 6. Administer anesthetic drugs, adjuvant drugs, and
19 accessory drugs.

20 7. Assist the supervising anesthesiologist with the
21 performance of epidural anesthetic procedures and spinal
22 anesthetic procedures.

23 8. Administer blood, blood products, and supportive
24 fluids.

25 9. Support life functions during anesthesia health
26 care, including induction and intubation procedures, the use
27 of appropriate mechanical supportive devices, and the
28 management of fluid, electrolyte, and blood component
29 balances.

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1 10. Recognize and take appropriate corrective action
2 for abnormal patient responses to anesthesia, adjunctive
3 medication, or other forms of therapy.

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

7 12. Place special peripheral and central venous and
8 arterial lines for blood sampling and monitoring as
9 appropriate.

10 (b) Nothing in this section or chapter prevents
11 third-party payors from reimbursing employers of
12 anesthesiologist assistants for covered services rendered by
13 such anesthesiologist assistants.

14 (c) An anesthesiologist assistant must clearly convey
15 to the patient that she or he is an anesthesiologist
16 assistant.

17 (d) An anesthesiologist assistant may perform
18 anesthesia tasks and services within the framework of a
19 written practice protocol developed between the supervising
20 anesthesiologist and the anesthesiologist assistant.

21 (e) An anesthesiologist assistant may not prescribe
22 legend drugs or medical devices, compound medicines for
23 patients, or dispense sample drugs to patients. Nothing in
24 this paragraph prohibits an anesthesiologist assistant from
25 administering legend drugs, narcotics or scheduled drugs,
26 intravenous drugs, fluids, blood products, or inhalation or
27 other anesthetic agents to patients while under the direct
28 supervision of an anesthesiologist.

29 (4) PERFORMANCE BY TRAINEES.--The practice of a
30 trainee is exempt from the requirements of this chapter while
31 the trainee is performing assigned tasks as a trainee in

1 conjunction with an approved program. Before providing
2 anesthesia services, including the administration of
3 anesthesia in conjunction with the requirements of an approved
4 program, the trainee must clearly convey to the patient that
5 he or she is a trainee.

6 (5) PROGRAM APPROVAL.--The boards shall approve
7 programs for the education and training of anesthesiologist
8 assistants which meet standards established by board rules.
9 The board may recommend only those anesthesiologist assistant
10 training programs that hold full accreditation or provisional
11 accreditation from the Commission on Accreditation of Allied
12 Health Education Programs.

13 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

14 (a) Any person desiring to be licensed as an
15 anesthesiologist assistant must apply to the department. The
16 department shall issue a license to any person certified by
17 the board to:

18 1. Be at least 18 years of age.

19 2. Have satisfactorily passed a proficiency
20 examination with a score established by the National
21 Commission on Certification of Anesthesiologist Assistants.

22 3. Be certified in advanced cardiac life support.

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

25 An application must include:

26 a. A certificate of completion of an approved graduate
27 level program.

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

29 c. A sworn statement of any prior discipline or denial
30 of licensure or certification in any state.

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1 d. Two letters of recommendation from
2 anesthesiologists.

3 (b) A license must be renewed biennially. Each renewal
4 must include:

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

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

9 (c) Each licensed anesthesiologist assistant must
10 biennially complete 40 hours of continuing medical education
11 or hold a current certificate issued by the National
12 Commission on Certification of Anesthesiologist Assistants or
13 its successor.

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

22 (e) The Board of Osteopathic Medicine may impose upon
23 an anesthesiologist assistant any penalty specified in s.
24 456.072 or s. 459.015(2) if the anesthesiologist assistant or
25 the supervising anesthesiologist is found guilty of or is
26 investigated for an act that constitutes a violation of this
27 chapter or chapter 456.

28 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
29 ADVISE THE BOARD.--

30 (a) The chairman of the board may appoint an
31 anesthesiologist and an anesthesiologist assistant to advise

1 the board as to the adoption of rules for the licensure of
2 anesthesiologist assistants. The board may use a committee
3 structure that is most practicable in order to receive any
4 recommendations to the board regarding rules and all matters
5 relating anesthesiologist assistants, including, but not
6 limited to, recommendations to improve safety in the clinical
7 practices of licensed anesthesiologist assistants.

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

10 1. Recommend to the department the licensure of
11 anesthesiologist assistants.

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

26 3. Address concerns and problems of practicing
27 anesthesiologist assistants to improve safety in the clinical
28 practices of licensed anesthesiologist assistants.

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

- 3 1. Refuse to certify the applicant for licensure;
4 2. Approve the applicant for licensure with
5 restrictions on the scope of practice or license; or
6 3. Approve the applicant for conditional licensure.

7 Such conditions may include placement of the licensee on
8 probation for a period of time and subject to such conditions
9 as the board specifies, including, but not limited to,
10 requiring the licensee to undergo treatment, to attend
11 continuing education courses, or to take corrective action.

12 (8) PENALTY.--A person who falsely holds herself or
13 himself out as an anesthesiologist assistant commits a felony
14 of the third degree, punishable as provided in s. 775.082, s.
15 775.083, or s. 775.084.

16 (9) DENIAL, SUSPENSION, OR REVOCATION OF
17 LICENSURE.--The boards may deny, suspend, or revoke the
18 license of an anesthesiologist assistant who the board
19 determines has violated any provision of this section or
20 chapter or any rule adopted pursuant thereto.

21 (10) RULES.--The boards shall adopt rules to
22 administer this section.

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

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

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

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SENATE SUMMARY

Provides for licensure of anesthesiologist assistants under the supervision of physicians and osteopathic physicians. Provides standards for licensure and guidelines for practice by assistants. Provides for adoption of common rules by the Board of Medicine and the Board of Osteopathic Medicine. Provides for financial responsibility with respect to assistants and for disciplinary action against physicians or osteopathic physicians for failing to adequately supervise assistants.