

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 1101 Anesthesiologist Assistants

SPONSOR(S): Professions & Public Health Subcommittee, Altman

TIED BILLS: IDEN./SIM. **BILLS:** SB 1366

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Professions & Public Health Subcommittee	18 Y, 0 N, As CS	Morris	McElroy
2) Health & Human Services Committee	19 Y, 1 N	Morris	Calamas

SUMMARY ANALYSIS

An anesthesiologist assistant assists an anesthesiologist with developing and implementing an anesthesia care plan for patients. Anesthesiologist assistants are regulated under chs. 458 and 459, F.S., and by the Boards of Medicine (BOM) and Osteopathic Medicine (BOOM) within the Department of Health (DOH).

Anesthesiologist assistants perform duties under a protocol with an anesthesiologist and work under the direct supervision of an anesthesiologist. An anesthesiologist must be onsite and physically present in the office or surgical suite when a procedure is performed to supervise an anesthesiologist assistant. The supervising anesthesiologist must also be immediately available to provide assistance to the anesthesiologist assistant while services are delivered to a patient.

CS/HB 1101 revises the direct supervision requirements for an anesthesiologist assistant by removing the requirement that supervising anesthesiologists be in the office or surgical suite when supervising an anesthesiologist assistant. Instead, the bill requires the supervising anesthesiologist to be physically present on premises and immediately available to an anesthesiologist assistant. The bill also authorizes anesthesiologist assistants to personally administer prescribed anesthetic under the direct supervision of an anesthesiologist, consistent with BOM declaratory statement on the issue.

Anesthesiologist assistants must submit sworn statements of any prior felony convictions and any prior discipline or denial of licensure or certification in any state in an application for licensure in this state. The bill removes the requirement such statements be sworn, allowing applications for licensure to be completed electronically.

The bill has no fiscal impact on DOH and local governments.

The bill provides an effective date of July 1, 2022.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

Anesthesiologist Assistants

Licensure

An anesthesiologist assistant assists an anesthesiologist¹ with developing and implementing an anesthesia care plan for patients.

To become licensed as an anesthesiologist assistant in this state, an applicant must:

- Complete a training program accredited by the Commission on Accreditation of Allied Health Education Programs;²
- Pass an examination established by the National Commission on Certification of Anesthesiologist Assistants;
- Be certified in advanced cardiac life support; and
- Submit an application fee, as set by the BOM or the BOOM and completed an application, which must include:
 - A certificate of completion of an approved graduate level program;
 - A sworn statement of any prior felony convictions;
 - A sworn statement of any prior discipline or denial of licensure or certification in any state; and
 - Two letters of recommendation from anesthesiologists.

Anesthesiologist assistants must hold a current certificate issued by the National Commission on Certification of Anesthesiologist Assistants or complete 40 hours of continuing education every two years.³

Practice Protocol

Anesthesiologist assistants may perform duties established by BOM or BOOM rule and included in a protocol with an anesthesiologist. Such duties include:⁴

- Obtaining a comprehensive patient history and present the history to the supervising anesthesiologist;
- Pretesting and calibrating anesthesia delivery systems and monitoring, obtaining, and interpreting information from the systems and monitors;
- Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;
- Establishing basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;
- Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions;
- Administering anesthetic drugs, adjuvant drugs, and accessory drugs;

¹ An anesthesiologist is an allopathic or osteopathic physician regulated under chs. 458 and 459, F.S., respectively, and the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) within the Department of Health (DOH), who has completed an anesthesiology training program approved by the Accreditation Council for Graduate Medical Education and is certified by the American Board of Anesthesiology.

² Rules 64B8-31.004 and 64B15-7.004, F.A.C.

³ S. 458.3475(5) and 459.023(5), F.S.

⁴ S. 458.3475(3) and 459.023(3), F.S.

- Assisting the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures;
- Administering blood, blood products, and supportive fluids;
- Supporting life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances;
- Recognizing and taking appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy;
- Participating in management of the patient while in the post-anesthesia recovery area, including the administration of any supporting fluids or drugs; and
- Placing special peripheral and central venous and arterial lines for blood sampling and monitoring, as appropriate.

An anesthesiologist or a group of anesthesiologists must file a written protocol with the BOM and BOOM upon establishment of a supervisory relationship with an anesthesiologist assistant. Such protocol must be updated biennially, include the signatures of the anesthesiologist assistant and all supervising physicians.⁵

Duties Under Direct Supervision

An anesthesiology assistant may only provide services under the direct supervision of an anesthesiologist.⁶ Direct supervision means onsite, personal supervision by an anesthesiologist who is present in the office or surgical suite when the procedure is being performed and is immediately available to provide assistance to the anesthesiologist assistant while services are being delivered.⁷ The office or surgical suite requirement prohibits an anesthesiologist, who is otherwise physically present on the premises and immediately available, from supervising an anesthesiologist assistant.

Administration of Anesthetic

Current law authorizes an anesthesiologist assistant to “assist” the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures under a protocol and under the direct supervision of an anesthesiologist.⁸

In 2017, an anesthesiologist filed a petition for declaratory statement with the BOM seeking a determination of whether current law allows an anesthesiologist assistant to personally perform anesthetic procedures under direct supervision of an anesthesiologist. The BOM concluded that “assist”, within the context of s. 458.3475, F.S., allows an anesthesiologist assistant to personally perform epidural anesthetic procedures and spinal anesthetic procedures as long as the anesthesiologist is in the same room where the procedures are being performed.⁹

⁵ S 458.3475(2)(b) and 459.023(2)(b), F.S.

⁶ S. 458.3475(3)(a) and 459.023(3)(a), F.S. The practice of anesthesiology includes pain relief during and after surgery and childbirth, during chronic disease processes, and during resuscitation and critical care of patients in the operating room and intensive care.

⁷ S. 458.3475(1)(g) and 459.023(1)(g), F.S.

⁸ S. 458.3475(3)(a) and 459.023(3)(a), F.S.

⁹ Department of Health, Final Order on Petition for Declaratory Statement (filed Nov. 8, 2017) (on file with Professions and Public Health Subcommittee staff). The final order specifies that the supervising anesthesiologist must: personally examine each and every patient and order the medication to be administered; directly supervise the administration of the medication by remaining in the same room as the anesthesiologist assistant performing the procedure; verify the training and capability of the anesthesiologist assistant to provide such services; and include precautions in the protocol filed with the BOM or BOOM by the supervising anesthesiologist.

Effect of the Bill

Licensure

The bill removes the requirement that anesthesiologist assistant licensure applications contain sworn statements of any prior felony convictions and any prior discipline or denial of licensure or certification in any state. This allows applications for licensure to be completed electronically.

Duties Under Direct Supervision

CS/HB 1101 revises the direct supervision requirements for an anesthesiologist assistant by removing the requirement that supervising anesthesiologists be in the office or surgical suite when supervising an anesthesiologist assistant. Instead, the bill requires the supervising anesthesiologist to be physically present on premises and immediately available to an anesthesiologist assistant.

Administration of Anesthetic

In a 2017 Final Order, the BOM concluded that “assist”, within the context of s. 458.3475, F.S., allows an anesthesiologist assistant to personally perform epidural anesthetic procedures and spinal anesthetic procedures as long as the anesthesiologist is in the same room where the procedures are being performed. The bill codifies the BOM’s determination and authorizes anesthesiologist assistants to personally administer prescribed anesthetic under the direct supervision of an anesthesiologist.

The bill provides an effective date of July 1, 2022.

B. SECTION DIRECTORY:

Section 1: Amends s. 458.3475, F.S., relating to anesthesiologist assistants.

Section 2: Amends s. 459.023, F.S., relating to anesthesiologist assistants.

Section 3: Provides an effective date of July 1, 2022.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

None. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Current law provides sufficient rulemaking authority to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On February 2, 2022, the Professions and Public Health Subcommittee adopted an amendment and reported the bill favorably as a committee substitute. The amendment:

- Specified “direct supervision” by an anesthesiologist means the anesthesiologist is physically present and immediately available as needed;
- Authorized anesthesiologist assistants to personally administer prescribed anesthetic and perform tasks and services specified in a written protocol under the direct supervision of an anesthesiologist; and
- Removed the requirement that anesthesiologist assistant licensure applications contain sworn statements of any prior felony convictions and any prior discipline or denial of licensure.

This analysis is drafted to the committee substitute as passed by the Professions and Public Health Subcommittee.