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Amendment No. ____ (for drafter's use only)

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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4		.	

ORIGINAL STAMP BELOW

Representative(s) Fasano offered the following:

Substitute Amendment for Amendment (973265) (with title amendment)

Remove everything after the enacting clause

and insert:

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

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

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

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

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

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

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

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1 settlements at the time of application for reactivation.

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

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

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

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

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

28 Section 2. Paragraph (dd) of subsection (1) of section
29 458.331, Florida Statutes, is amended to read:

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

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1 (1) The following acts constitute grounds for denial
2 of a license or disciplinary action, as specified in s.
3 456.072(2):

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

9 Section 3. Section 458.3475, Florida Statutes, is
10 created to read:

11 458.3475 Anesthesiologist assistants.--

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

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

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

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

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1 (d) "Approved program" means a program for the
2 education and training of anesthesiologist assistants that has
3 been approved by the boards as provided in subsection (5).

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

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

13 (g) "Direct supervision" means supervision by an
14 anesthesiologist who is present in the same room as the
15 anesthesiologist assistant, or in an immediately adjacent room
16 or hallway, such that the supervising anesthesiologist is able
17 to monitor the ongoing anesthetic and be immediately available
18 to provide assistance and direction while anesthesia services
19 are being performed. Direct supervision requires the
20 supervising anesthesiologist to personally begin the patient's
21 preanesthetic assessment.

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

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

28 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

29 (a) An anesthesiologist who directly supervises an
30 anesthesiologist assistant must be qualified in the medical
31 areas in which the anesthesiologist assistant performs and is

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1 liable for the performance of the anesthesiologist assistant.

2 An anesthesiologist may only supervise two anesthesiologist
3 assistants at the same time. The board may, by rule, allow an
4 anesthesiologist to supervise up to four anesthesiologist
5 assistants, after July 1, 2006.

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

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

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

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

18 4. The date the protocol was developed and the dates
19 of all revisions.

20 5. The signatures of the anesthesiologist assistant
21 and all supervising physicians.

22 6. The duties and functions of the anesthesiologist
23 assistant.

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

26 8. The procedures to be followed in the event of an
27 anesthetic emergency.

28

29 The protocol must be on file with the board before the
30 anesthesiologist assistant may practice with the

31 anesthesiologist or group. An anesthesiologist assistant may

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1 not practice unless a written protocol has been filed for that
2 anesthesiologist assistant in accordance with this paragraph,
3 and the anesthesiologist assistant may only practice under the
4 direct supervision of an anesthesiologist who has signed the
5 protocol. The protocol must be updated biennially.

6 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

15 1. Obtain a comprehensive patient history and present
16 the history to the supervising anesthesiologist.

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

20 3. Assist the supervising anesthesiologist with the
21 implementation of medically accepted monitoring techniques.

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

25 5. Administer intermittent vasoactive drugs and start
26 and adjust vasoactive infusions.

27 6. Administer anesthetic drugs, adjuvant drugs, and
28 accessory drugs.

29 7. Assist the supervising anesthesiologist with the
30 performance of epidural anesthetic procedures and spinal
31 anesthetic procedures.

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- 1 8. Administer blood, blood products, and supportive
2 fluids.
- 3 9. Support life functions during anesthesia health
4 care, including induction and intubation procedures, the use
5 of appropriate mechanical supportive devices, and the
6 management of fluid, electrolyte, and blood component
7 balances.
- 8 10. Recognize and take appropriate corrective action
9 for abnormal patient responses to anesthesia, adjunctive
10 medication, or other forms of therapy.
- 11 11. Participate in management of the patient while in
12 the postanesthesia recovery area, including the administration
13 of any supporting fluids or drugs.
- 14 12. Place special peripheral and central venous and
15 arterial lines for blood sampling and monitoring as
16 appropriate.
- 17 (b) Nothing in this section or chapter prevents
18 third-party payors from reimbursing employers of
19 anesthesiologist assistants for covered services rendered by
20 such anesthesiologist assistants.
- 21 (c) An anesthesiologist assistant must clearly convey
22 to the patient that he or she is an anesthesiologist
23 assistant.
- 24 (d) An anesthesiologist assistant may perform
25 anesthesia tasks and services within the framework of a
26 written practice protocol developed between the supervising
27 anesthesiologist and the anesthesiologist assistant.
- 28 (e) An anesthesiologist assistant may not prescribe,
29 order or compound any controlled substance, legend drug or
30 medical device, nor may an anesthesiologist assistant dispense
31 sample drugs to patients. Nothing in this paragraph prohibits

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1 an anesthesiologist assistant from administering legend drugs
2 or controlled substances, intravenous drugs, fluids, or blood
3 products, or inhalation or other anesthetic agents to patients
4 that are ordered by the supervising anesthesiologist, and
5 administered while under the direct supervision of the
6 supervising anesthesiologist.

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

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

22 (6) ANESTHESIOLOGIST ASSISTANT LICENSURE.--

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

27 1. Be at least 18 years of age.

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

31 3. Be certified in advanced cardiac life support.

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- 1 4. Have completed the application form and remitted an
2 application fee, not to exceed \$1,000, as set by the boards.
3 An application must include:
4 a. A certificate of completion of an approved graduate
5 level program.
6 b. A sworn statement of any prior felony convictions.
7 c. A sworn statement of any prior discipline or denial
8 of licensure or certification in any state.
9 d. Two letters of recommendation from
10 anesthesiologists.
11 (b) A license must be renewed biennially. Each renewal
12 must include:
13 1. A renewal fee, not to exceed \$1,000, as set by the
14 boards.
15 2. A sworn statement of no felony convictions in the
16 immediately preceding 2 years.
17 (c) Each licensed anesthesiologist assistant must
18 biennially complete 40 hours of continuing medical education
19 or hold a current certificate issued by the National
20 Commission on Certification of Anesthesiologist Assistants or
21 its successor.
22 (d) An anesthesiologist assistant must notify the
23 department in writing within 30 days after obtaining
24 employment that requires a license under this chapter and
25 after any subsequent change in his or her supervising
26 anesthesiologist. The notification must include the full name,
27 license number, specialty, and address of the supervising
28 anesthesiologist. Submission of the required protocol
29 satisfies this requirement.
30 (e) The Board of Medicine may impose upon an
31 anesthesiologist assistant any penalty specified in s. 456.072

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1 or s. 458.331(2) if the anesthesiologist assistant or the
2 supervising anesthesiologist is found guilty of or is
3 investigated for an act that constitutes a violation of this
4 chapter or chapter 456.

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

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

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

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

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

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1 pursuant to each respective board's guidelines and standards
2 regarding the adoption of proposed rules.

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

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

10 1. Refuse to certify the applicant for licensure;

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

13 3. Approve the applicant for conditional licensure.

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

19 (8) PENALTY.--A person who falsely holds himself or
20 herself out as an anesthesiologist assistant commits a felony
21 of the third degree, punishable as provided in s. 775.082, s.
22 775.083, or s. 775.084.

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

28 (10) RULES.--The boards shall adopt rules to implement
29 this section.

30 (11) LIABILITY.--A supervising anesthesiologist is
31 liable for any act or omission of an anesthesiologist

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1 assistant acting under the anesthesiologist's supervision and
2 control and shall comply with the financial responsibility
3 requirements of this chapter and chapter 456, as applicable.

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

6 Section 4. Paragraph (hh) of subsection (1) of section
7 459.015, Florida Statutes, is amended to read:

8 459.015 Grounds for disciplinary action; action by the
9 board and department.--

10 (1) The following acts constitute grounds for denial
11 of a license or disciplinary action, as specified in s.
12 456.072(2):

13 (hh) Failing to supervise adequately the activities of
14 those physician assistants, paramedics, emergency medical
15 technicians, advanced registered nurse practitioners,
16 anesthesiologist assistants, or other persons acting under the
17 supervision of the osteopathic physician.

18 Section 5. Section 459.023, Florida Statutes, is
19 created to read:

20 459.023 Anesthesiologist assistants.--

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

22 (a) "Anesthesiologist" means an osteopathic physician
23 who holds an active, unrestricted license, who has
24 successfully completed an anesthesiology training program
25 approved by the Accreditation Council on Graduate Medical
26 Education, or its equivalent, or the American Osteopathic
27 Association, and who is certified by the American Osteopathic
28 Board of Anesthesiology or is eligible to take that board's
29 examination, is certified by the American Board of
30 Anesthesiology or is eligible to take that board's
31 examination, or is certified by the Board of Certification in

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1 Anesthesiology affiliated with the American Association of
2 Physician Specialists.

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

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

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

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

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

25 (g) "Direct supervision" means supervision by an
26 anesthesiologist who is present in the same room as the
27 anesthesiologist assistant, or in an immediately adjacent room
28 or hallway, such that the supervising anesthesiologist is able
29 to monitor the ongoing anesthetic and be immediately available
30 to provide assistance and direction while anesthesia services
31 are being performed. Direct supervision requires the

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1 supervising anesthesiologist to personally begin the patient's
2 preanesthetic assessment.

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

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

9 (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.--

10 (a) An anesthesiologist who directly supervises an
11 anesthesiologist assistant must be qualified in the medical
12 areas in which the anesthesiologist assistant performs, and is
13 liable for the performance of the anesthesiologist assistant.
14 An anesthesiologist may only supervise two anesthesiologist
15 assistants at the same time. The board may, by rule, allow an
16 anesthesiologist to supervise up to four anesthesiologist
17 assistants, after July 1, 2006.

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

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

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

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

30 4. The date the protocol was developed and the dates
31 of all revisions.

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1 5. The signatures of the anesthesiologist assistant
2 and all supervising physicians.

3 6. The duties and functions of the anesthesiologist
4 assistant.

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

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

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

18 (3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS.--

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

27 1. Obtain a comprehensive patient history and present
28 the history to the supervising anesthesiologist.

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

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- 1 3. Assist the supervising anesthesiologist with the
2 implementation of medically accepted monitoring techniques.
- 3 4. Establish basic and advanced airway interventions,
4 including intubation of the trachea and performing ventilatory
5 support.
- 6 5. Administer intermittent vasoactive drugs and start
7 and adjust vasoactive infusions.
- 8 6. Administer anesthetic drugs, adjuvant drugs, and
9 accessory drugs.
- 10 7. Assist the supervising anesthesiologist with the
11 performance of epidural anesthetic procedures and spinal
12 anesthetic procedures.
- 13 8. Administer blood, blood products, and supportive
14 fluids.
- 15 9. Support life functions during anesthesia health
16 care, including induction and intubation procedures, the use
17 of appropriate mechanical supportive devices, and the
18 management of fluid, electrolyte, and blood component
19 balances.
- 20 10. Recognize and take appropriate corrective action
21 for abnormal patient responses to anesthesia, adjunctive
22 medication, or other forms of therapy.
- 23 11. Participate in management of the patient while in
24 the postanesthesia recovery area, including the administration
25 of any supporting fluids or drugs.
- 26 12. Place special peripheral and central venous and
27 arterial lines for blood sampling and monitoring as
28 appropriate.
- 29 (b) Nothing in this section or chapter prevents
30 third-party payors from reimbursing employers of
31 anesthesiologist assistants for covered services rendered by

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1 such anesthesiologist assistants.

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

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

9 (e) An anesthesiologist assistant may not prescribe
10 legend drugs or medical devices, compound medicines for
11 patients, or dispense sample drugs to patients. Nothing in
12 this paragraph prohibits an anesthesiologist assistant from
13 administering legend drugs, narcotics or scheduled drugs,
14 intravenous drugs, fluids, or blood products, or inhalation or
15 other anesthetic agents to patients while under the direct
16 supervision of an anesthesiologist.

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

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

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

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

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

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

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

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

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

30 2. Develop all rules regulating the use of
31 anesthesiologist assistants by qualified anesthesiologists

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

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

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

20 1. Refuse to certify the applicant for licensure;

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

23 3. Approve the applicant for conditional licensure.

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

29 (8) PENALTY.--A person who falsely holds herself or
30 himself out as an anesthesiologist assistant commits a felony
31 of the third degree, punishable as provided in s. 775.082, s.

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1 775.083, or s. 775.084.

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

7 (10) RULES.--The boards shall adopt rules to implement
8 this section.

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

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

16 Section 6. This act shall take effect July 1, 2002.

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18

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

20 And the title is amended as follows:

21 remove everything before the enacting clause

22

23 and insert:

24 A bill to be entitled
25 An act relating to anesthesiologist assistants;
26 amending s. 456.048, F.S.; requiring the Board
27 of Medicine and the Board of Osteopathic
28 Medicine to require medical malpractice
29 insurance or proof of financial responsibility
30 as a condition of licensure or licensure
31 renewal for licensed anesthesiologist

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

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