SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/SB 2332

SPONSOR: Health, Aging, and Long-Term Care Committee and Senator Wasserman Schultz

SUBJECT: Anesthesiologist Assistants

DATE: April 1, 2003 REVISED: _____ _____ _____ _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HC	Favorable/CS
2.			FT	
3.			AHS	
4.			AP	
5.				
6.				

I. Summary:

The bill provides for the licensure of anesthesiologist assistants under the regulatory jurisdiction of the Board of Medicine or the Board of Osteopathic Medicine and for joint rulemaking by these boards for aspects of the practice of this profession. The regulation would allow an anesthesiologist assistant to practice within the framework of a protocol under the direct supervision of a supervising anesthesiologist or group of anesthesiologists. The bill provides definitions, and standards of practice and performance for anesthesiologist assistants and anesthesiologists. The Board of Medicine and the Board of Osteopathic Medicine are given rulemaking authority to implement the provisions of the bill regulating anesthesiology providers, including anesthesiologists and the anesthesiologist assistants that such physician specialists may supervise.

The bill specifies requirements for education and training of anesthesiologist assistants and other licensure requirements, including the expanded duties of the Board of Medicine and the Board of Osteopathic Medicine over this profession. The bill creates a criminal offense punishable as a third degree felony for any person who falsely holds himself or herself out as an anesthesiologist assistant. A supervising anesthesiologist is liable for any act or omission of an anesthesiologist assistant acting under the anesthesiologist's supervision and control. The bill requires the Board of Medicine and the Board of Osteopathic Medicine, by rule, to require all anesthesiologist assistants licensed under s. 458.3475 or s. 459.023, F.S., to maintain medical malpractice insurance or provide proof of financial responsibility. The grounds for which an allopathic or osteopathic physician may be subject to discipline for failure to adequately supervise certain health care practitioners is revised to include anesthesiologist assistants.

The bill creates a task force of at least 5 members to study anesthesiologist assistant licensure and to issue a report to the Secretary of the Department of Health by March 1, 2005, concerning the continued need for the anesthesiologist assistant licensure requirements.

This bill creates sections 458.3475 and 459.023, Florida Statutes.

This bill amends ss. 456.048, 458.331, and 459.015, F.S.

II. Present Situation:

Anesthesiologist assistants are not regulated in Florida. Anesthesiologist assistants are allied health professionals who assist anesthesiologists in implementing an anesthesia care plan. According to the American Academy of Anesthesiologist Assistants, the responsibilities of anesthesiologist assistants may include: pretesting and calibration of anesthesia delivery systems and monitors; collecting preoperative data and performing physical examinations; inserting venous, arterial and other indwelling catheters; administering drugs for inductions and maintenance of anesthesia; administering and monitoring regional anesthesia;[1] airway management; administering cardiovascular drugs as supportive therapy; making anesthetic adjustments using intraoperative monitoring modalities; and providing safe transition form operating room to recovery area. There are two accredited programs for educating and training anesthesiologist assistants located at Emory University and Case Western Reserve University. These programs grant a Masters of Science degree and require applicants to have a bachelor's degree as a prerequisite to admission. Both anesthesiologist assistant training programs are accredited by the Commission on Accreditation of Allied Health Education Programs.

Certified Registered Nurse Anesthetists (CRNA) are regulated under part I, ch. 464, F.S., and provide anesthesia services, including determining patient health status, determining the type of anesthesia with the consent of the physician, ordering preanesthetic medication, ordering and administering anesthesia, taking corrective action for abnormal patient responses to anesthesia, and other procedures to the extent authorized by established protocols. There are four educational programs for CRNAs located in Florida which grant a Master of Science degree.[2]

Physician assistants licensed under ch. 458 and ch. 459, F.S.,[3] are authorized to provide anesthesia services under the guidelines and requirements of rules adopted by the Board of Medicine and the Board of Osteopathic Medicine, which require physician assistants to have graduated from an approved training program for anesthesiologist assistants.[4]

The Sunrise Act, codified in s. 11.62, F.S., requires the Legislature to consider specific factors in determining whether to regulate a new profession or occupation. The act requires that all legislation proposing regulation of a previously unregulated profession or occupation be reviewed by the Legislature based on a showing of the following: (1) that substantial risk of

[1] The Emory University program does not currently provide instruction in regional anesthesia.
[2] According to the Council on Certification of Nurse Anesthetists, the total number of United State graduates of the more than 80 certified registered nurse anesthetist (CRNA) educational programs for the year 2000 was 1,075 and projected to be 1,193 in the year 2001 and 1, 390 in the year 2002. There are approximately 2,400 CRNAs licensed in Florida.
[3] See sections 458.347 and 459.022, F.S.
[4] See 64B8-30.0129(2)(b)(6) and 64B15-6.010(2)(b)(6), Florida Administrative Code.

harm to the public is a risk of no regulation which is recognizable and not remote; (2) that the skill the profession requires are specialized and readily measurable; (3) that other forms of regulation do not or cannot adequately protect the public; and (4) that the overall cost-effectiveness and economic impact of the proposed regulation is favorable. The act requires proponents of regulation of a previously unregulated profession to provide the agency that is proposed to have jurisdiction over the regulation and the legislative committees of reference information concerning the effect of proposed legislation to initially regulate a previously unregulated profession on the agency's resources to implement and enforce the regulation.

In response to a Sunrise questionnaire, the Florida Society of Anesthesiologists and the American Association of Anesthesiologist Assistants, estimate that there are 600 to 700 anesthesiologist assistants practicing nationwide. Proponents of the regulation also note that the Florida Board of Medicine has expressed an opinion that anesthesiologist assistants may not practice in Florida without some change in existing regulation.

Proponents of the regulation argue that licensure of anesthesiologist assistants is needed to facilitate their practice in Florida and educational programs to be developed for training in Florida. The proponents argue that the licensing of anesthesiologist assistants would increase competition with CRNAs in providing anesthesia services to consumers in Florida. The provision of anesthesia services is dangerous and the basis of the argument for regulation is that, in the absence of regulation, the public would not be adequately protected. However, to the extent that anesthesiologist assistants may not practice independently and must do so only under the supervision of a licensed allopathic or osteopathic physician, it is unlikely that there are no regulatory safeguards to protect the public. According to the website of the Case Western Reserve University's anesthesia program, "practicing independently or in a primary care setting is NOT included in the AAs (anesthesiologist assistant) scope of practice. AAs usually practice in a hospital setting which uses the Anesthesia Care Team approach and are always supervised by anesthesiologists"[5] Proponents argue that if no regulatory standards exist for anesthesiologist assistants it would be difficult for the Board of Medicine or the Board of Osteopathic Medicine to hold physicians responsible for inadequate supervision.[6] Such arguments call into question the safeguards available to consumers for other allied health professionals who are not licensed who perform tasks delegated by a physician such as medical assistants under s. 458.345, F.S.; perfusionists who perform a wide range of tests related to the functions and therapeutic care of the heart-lung system and operate heart-lung machinery; surgical technicians who assist in hospital operating rooms; other similarly situated persons whose practice is currently not subject to licensure in Florida.

Proponents indicated that anesthesiologist assistants are licensed and regulated by the state board of medicine in Alabama, Georgia, New Mexico, Ohio, and South Carolina. Anesthesiologist assistants work under delegatory authority in Colorado, Kentucky, Michigan, Louisiana, New

[5] http://www.anesthesiaprogram.com/profession.html

[6] See s. 458.331(1)(w), F.S., and s. 459.0015(1)(aa), F.S., that prohibit an allopathic or osteopathic physician from delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them. See also, s. 458.331(1)(dd), F.S., and s. 459.015(1)(hh), F.S., that prohibit an allopathic or osteopathic physician from failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, or advanced registered nurse practitioners acting under the supervision of the physician.

Hampshire, Texas, Vermont, West Virginia, and Wisconsin. In response to a staff Sunrise questionnaire, the proponents argue that it is impossible to accurately forecast the number of practitioners to be licensed but estimate that about 20 would apply for licensure in Florida to practice as anesthesiologist assistants.[7]

III. Effect of Proposed Changes:

Section 1. Amends s. 456.048, F.S., to require the Board of Medicine and the Board of Osteopathic Medicine (boards), by rule, to require all anesthesiologist assistants licensed under s. 458.3475, F.S., or s. 459.023, F.S., to maintain medical malpractice insurance or provide proof of financial responsibility in an amount and in a manner determined by the boards to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in Florida.

Section 2. Amends s. 458.331, F.S., to revise a ground for which an allopathic physician is subject to discipline for failing to adequately supervise the activities of specified health care practitioners acting under the supervision of that physician, by adding anesthesiologist assistants to the list of supervised practitioners.

Section 3. Creates s. 458.3475, F.S., to provide for the regulation of anesthesiologist assistants by the Board of Medicine and for joint rulemaking by the Board of Medicine and the Board of Osteopathic Medicine for aspects of the practice of this profession.

The term, "anesthesiologist" is defined to mean an allopathic physician who has successfully completed an accredited anesthesiology training program or its equivalent, and who is certified by the American Board of Anesthesiology or is eligible to take that board's examination or is certified by the Board of Certification in Anesthesiology affiliated with the American Association of Physician Specialists, Inc. "Anesthesiologist assistant" is defined to mean a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by a supervising anesthesiologist. "Anesthesiology" is defined to mean the practice of medicine that specializes in the relief of pain during and after surgical procedures and childbirth, during certain chronic disease processes, and during resuscitation and critical care of patients in the operating room and intensive care environments. "Boards" is defined to mean the Board of Medicine and the Board of Osteopathic Medicine. Definitions are also provided for the terms "approved program" and "continuing medical education." "Direct supervision" is defined to mean supervision by an anesthesiologist who is present in the office or the surgical or obstetrical suite that the anesthesiologist assistant is in and is immediately available to provide direction while anesthesia services are being performed. "Proficiency examination" is defined to mean an entry-level examination approved by the Board of Medicine and the Board of Osteopathic Medicine, including the examination administered by the National Commission on Certification of Anesthesiologist Assistants. "Trainee" means a person who is currently enrolled in an approved program.

[7] The existing anesthesiologist assistant programs in the United States, according to the proponents of the regulation graduate forty-five students annually.

The bill establishes standards for anesthesiologist assistants and supervising anesthesiologists. An anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant. An anesthesiologist may not supervise more than two anesthesiologist assistants at a time. The Board of Medicine may, by rule, allow an anesthesiologist to supervise up to four anesthesiologist assistants after July 1,2006. Requirements for a protocol are established for the supervisory relationship between an anesthesiologist and an anesthesiologist assistant. An anesthesiologist must file a copy of the protocol with the Board of Medicine upon establishing a supervisory relationship with an anesthesiologist assistant. The information to be included in the protocol is specified. The protocol must be updated biennially and the anesthesiologist assistant may only practice under the direct supervision of an anesthesiologist who has signed the protocol.

The bill specifies functions that may be included in the anesthesiologist assistant's protocol while such practitioner is under the direct supervision of an anesthesiologist. The bill provides that nothing in the regulatory provisions for anesthesiologists and anesthesiologist assistants or the medical practice act prevents third-party payors from reimbursing employers of anesthesiologist assistants for covered services rendered by such anesthesiologist assistants. An anesthesiologist assistant must clearly convey to the patient that he or she is an anesthesiologist assistant and may perform anesthesia tasks and services within the framework of a written practice protocol. Anesthesiologist assistants are prohibited from prescribing, ordering, or compounding any controlled substance, legend drug or medical device, or dispensing sample drugs to patients. While under the direct supervision of an anesthesiologist, anesthesiologist assistants may administer legend drugs or controlled substances, intravenous drugs, fluids, or blood products, or inhalation or other anesthetic agents to patients that are ordered by the supervising anesthesiologist.

The practice of anesthesiologist assistant trainees is exempt from the requirements of the medical practice act while the trainee is performing assigned tasks as a trainee in conjunction with an approved training or educational program. Before providing anesthesia services, including the administration of anesthesia, in conjunction with the requirements of an approved program, the trainee must clearly convey to the patient that he or she is a trainee. The bill gives the Board of Medicine and the Board of Osteopathic Medicine authority to approve education and training programs for anesthesiologist assistants. The Board of Medicine and the Board of Osteopathic Medicine must approve programs recommended by the boards which meet standards established by rules of the boards. The Board of Medicine and the Board of Osteopathic Medicine may only recommend those anesthesiologist assistant training programs that hold full or provisional accreditation from the Commission on Accreditation of Allied Health Education Programs.

Licensure requirements for anesthesiologist assistants are provided. Any person who desires to be licensed must be certified by the Board of Medicine to: be at least 18 years old; have satisfactorily passed a proficiency examination with a score established by the National Commission on Certification of Anesthesiologist Assistants; be certified in advanced cardiac life support; and complete an application form and remit an application fee no greater than $1,000 established by rule of the Board of Medicine and the Board of Osteopathic Medicine.

In addition the applicant must be certified by the Board of Medicine to: 1) have practiced as an anesthesiologist assistant in another state for at least 12 months without a finding of an adverse incident, or 2) have a degree or prior licensure in an allied health care field, including but not limited to, respiratory therapy, occupational therapy, nursing, dental hygiene, physician assistant, paramedic, emergency medical technician, or midwifery; or 3) have a baccalaureate or higher degree from an accredited organization recognized by the Board of Medicine in one of the following areas of study: general biology, general chemistry, organic chemistry, physics, or another field of study which includes sufficient courses in chemistry, biology, and life sciences to meet the criteria for admission to an accredited medical school recognized by the Board of Medicine.

If the applicant has not practiced as an anesthesiologist assistant in another state for at least 12 months without a finding of an adverse incident, the applicant must have successfully completed an accredited graduate-level training program which is conducted for preparing individuals to practice as anesthesiologist assistants that has been approved by the Board of Medicine. The minimum components for the program include: basic sciences of anesthesia; pharmacology for the anesthetic sciences; physics in anesthesia; fundamentals of anesthetic sciences; patient instrumentation and monitoring; clinically based conferences in which techniques of anesthetic management, quality assurance issues and current professional literature are reviewed; and clinical experience consisting of at least 2,500 hours of direct patient contact. If the applicant has not attained a degree or prior licensure in an allied health care field, including but not limited to, respiratory therapy, occupational therapy, nursing, dental hygiene, physician assistant, paramedic, emergency medical technician, or midwifery, the applicant must have successfully completed at least a 3-month postgraduate clinical one-on-one training program with an anesthesiologist in a manner approved by the Board of Medicine.

Items that the applicants must submit are specified, including a certificate of completion of approved training; a sworn statement of any felony convictions, prior licensure discipline or denials in any state; and two letters of recommendation from anesthesiologists. Biennial licensure renewal requirements are specified and include a renewal fee of no less than $1,000 as set by the Board of Medicine and the Board of Osteopathic Medicine; a sworn statement of no felony convictions in the immediately preceding 2 years; and completion of 40 hours of continuing medical education or a current certificate issued by the National Commission on Certification of Anesthesiologist Assistants or its successor.

Anesthesiologist assistants must notify the Department of Health, in writing within 30 days after obtaining employment that requires a license under this chapter and any subsequent change in his or her supervising anesthesiologist. The notification must include specified information identifying the licensed anesthesiologist assistant. Submission of the required protocol by the supervising anesthesiologist satisfies the requirement for the anesthesiologist to notify the department within 30 days of employment.

The Board of Medicine and the Board of Osteopathic Medicine must appoint a task force of at least five members to study the anesthesiologist assistant licensure requirements and issue a report to the Secretary of the Department of Health by March 1, 2005, concerning the continued need for the anesthesiologist assistant licensure requirements. The task force must include one

member from the Board of Medicine, the Board of Osteopathic Medicine, the Department of Health, Nova Southeastern University, and one of the medical schools in the state.

The chairperson of the Board of Medicine may appoint an anesthesiologist and an anesthesiologist assistant to advise the board as to the promulgation of rules for the licensure of anesthesiologist assistants. The Board of Medicine may use a committee structure to receive any recommendations to the board regarding rules and all matters relating to anesthesiologist assistants. The Board of Medicine must recommend the licensure of anesthesiologist assistants and develop all rules regulating the use of anesthesiologist assistants by qualified anesthesiologists who are licensed under ch. 458 or ch. 459, F.S., including rules to ensure the continuity of supervision is maintained in each practice setting, and rules to improve safety in the clinical practices of licensed anesthesiologist assistants. The Board of Medicine and the Board of Osteopathic Medicine must consider adopting a proposed rule at the regularly scheduled meeting immediately following the submission of the proposed rule. A proposed rule may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules must be approved by both the Board of Medicine and the Board of Osteopathic Medicine pursuant to each board's guidelines and standards for adopting proposed rules. The Board of Medicine and the Board of Osteopathic Medicine are authorized to adopt rules to implement the provisions of the bill.

A person who falsely holds himself or herself out as an anesthesiologist assistant commits a felony of the third degree. The Board of Medicine may impose discipline on an anesthesiologist assistant or the supervising anesthesiologist for violation of applicable grounds for discipline in ch. 456, F.S., or the medical practice act. A supervising anesthesiologist is liable for any act or omission of an anesthesiologist assistant acting under the anesthesiologist's supervision and control. The Department of Health is required to allocate the fees collected from the anesthesiologist assistants to the board.

Section 4. Amends s. 459.015, F.S., to revise a ground for which an osteopathic physician is subject to discipline for failing to adequately supervise the activities of specified health care practitioners acting under the supervision of that physician, by adding anesthesiologist assistants to the list of supervised practitioners.

Section 5. Creates s. 459.023, F.S., to provide for the regulation of anesthesiologist assistants by the Board of Medicine and for joint rulemaking by the Board of Medicine and Board of Osteopathic Medicine for aspects of the practice of this profession. The term, "anesthesiologist" is defined to mean an osteopathic physician who has successfully completed an accredited anesthesiology training program or its equivalent, and who is certified by the American Osteopathic Board of Anesthesiology or is eligible to take that board's examination or is certified by the Board of Certification in Anesthesiology affiliated with the American Association of Physician Specialists, Inc. "Anesthesiologist assistant" is defined to mean a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by a supervising anesthesiologist. "Anesthesiology" is defined to mean the practice of medicine that specializes in the relief of pain during and after surgical procedures and childbirth, during certain chronic disease processes, and during resuscitation and critical care of patients in the operating room and intensive care environments. "Boards" is defined to mean the Board of Medicine and the Board of Osteopathic Medicine. Definitions are also provided for the terms

"approved program" and "continuing medical education." "Direct supervision" is defined to mean supervision by an anesthesiologist who is present in the same in the office or the surgical or obstetrical suite that the anesthesiologist assistant is in and is immediately available to provide direction while anesthesia services are being performed. "Proficiency examination" is defined to mean an entry-level examination approved by the Board of Medicine and the Board of Osteopathic Medicine, including the examination administered by the National Commission on Certification of Anesthesiologist Assistants. "Trainee" means a person who is currently enrolled in an approved program.

The bill establishes standards for anesthesiologist assistants and supervising anesthesiologists. An anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant. An anesthesiologist may not supervise more than two anesthesiologist assistants at a time. The Board of Osteopathic Medicine may, by rule, allow an anesthesiologist to supervise up to four anesthesiologist assistants after July 1, 2006. Requirements for a protocol are established for the supervisory relationship between an anesthesiologist and an anesthesiologist assistant. An anesthesiologist must file a copy of the protocol with the Board of Osteopathic Medicine upon establishing a supervisory relationship with an anesthesiologist assistant. The information to be included in the protocol is specified. The protocol must be updated biennially and the anesthesiologist assistant may only practice under the direct supervision of an anesthesiologist who has signed the protocol.

The bill specifies functions that may be included in the anesthesiologist assistant's protocol while such practitioner is under the direct supervision of an anesthesiologist. The bill provides that nothing in the regulatory provisions for anesthesiologists and anesthesiologist assistants or the osteopathic medical practice act prevents third-party payors from reimbursing employers of anesthesiologist assistants for covered services rendered by such anesthesiologist assistants. An anesthesiologist assistant must clearly convey to the patient that he or she is an anesthesiologist assistant and may perform anesthesia tasks and services within the framework of a written practice protocol. Anesthesiologist assistants are prohibited from prescribing, ordering, or compounding any controlled substance, legend drug or medical device, or dispensing sample drugs to patients. While under the direct supervision of an anesthesiologist, anesthesiologist assistants may administer legend drugs or controlled substances, intravenous drugs, fluids, or blood products, or inhalation or other anesthetic agents to patients that are ordered by the supervising anesthesiologist.

The practice of anesthesiologist assistant trainees is exempt from the requirements of the osteopathic medical practice act while the trainee is performing assigned tasks as a trainee in conjunction with an approved training or educational program. Before providing anesthesia services, including the administration of anesthesia, in conjunction with the requirements of an approved program, the trainee must clearly convey to the patient that he or she is a trainee. The bill gives the Board of Medicine and the Board of Osteopathic Medicine authority to approve education and training programs for anesthesiologist assistants. The Board of Medicine and the Board of Osteopathic Medicine must approve programs recommended by the boards which meet standards established by rules of the boards. The Board of Medicine and the Board of Osteopathic Medicine may only recommend those anesthesiologist assistant training programs

that hold full or provisional accreditation from the Commission on Accreditation of Allied Health Education Programs.

Licensure requirements for anesthesiologist assistants are provided. Any person who desires to be licensed must be certified by the Board of Osteopathic Medicine to: be at least 18 years old; have satisfactorily passed a proficiency examination with a score established by the National Commission on Certification of Anesthesiologist Assistants; be certified in advanced cardiac life support; and complete an application form and remit an application fee no greater than $1,000 established by rule of the Board of Medicine and the Board of Osteopathic Medicine.

In addition the applicant must be certified by the Board of Osteopathic Medicine to: 1) have practiced as an anesthesiologist assistant in another state for at least 12 months without a finding of an adverse incident, or 2) have a degree or prior licensure in an allied health care field, including but not limited to, respiratory therapy, occupational therapy, nursing, dental hygiene, physician assistant, paramedic, emergency medical technician, or midwifery; or 3) have a baccalaureate or higher degree from an accredited organization recognized by the Board of Osteopathic Medicine in one of the following areas of study: general biology, general chemistry, organic chemistry, physics, or another field of study which includes sufficient courses in chemistry, biology, and life sciences to meet the criteria for admission to an accredited medical school recognized by the Board of Medicine.

If the applicant has not practiced as an anesthesiologist assistant in another state for at least 12 months without a finding of an adverse incident, the applicant must have successfully completed an accredited graduate-level training program which is conducted for preparing individuals to practice as anesthesiologist assistants that has been approved by the Board of Osteopathic Medicine. The minimum components for the program include: basic sciences of anesthesia; pharmacology for the anesthetic sciences; physics in anesthesia; fundamentals of anesthetic sciences; patient instrumentation and monitoring; clinically based conferences in which techniques of anesthetic management, quality assurance issues and current professional literature are reviewed; and clinical experience consisting of at least 2,500 hours of direct patient contact. If the applicant has not attained a degree or prior licensure in an allied health care field, including but not limited to, respiratory therapy, occupational therapy, nursing, dental hygiene, physician assistant, paramedic, emergency medical technician, or midwifery, the applicant must have successfully completed at least a 3-month postgraduate clinical one-on-one training program with an anesthesiologist in a manner approved by the Board of Osteopathic Medicine.

Items that the applicants must submit are specified, including a certificate of completion of approved training; a sworn statement of any felony convictions, prior licensure discipline or denials in any state; and two letters of recommendation from anesthesiologists. Biennial licensure renewal requirements are specified and include a renewal fee of no less than $1,000 as set by the Board of Medicine and the Board of Osteopathic Medicine; a sworn statement of no felony convictions in the immediately preceding 2 years; and completion of 40 hours of continuing medical education or a current certificate issued by the National Commission on Certification of Anesthesiologist Assistants or its successor.

Anesthesiologist assistants must notify the Department of Health, in writing within 30 days after obtaining employment that requires a license under this chapter and any subsequent change in his

or her supervising anesthesiologist. The notification must include specified information identifying the licensed anesthesiologist assistant. Submission of the required protocol by the supervising anesthesiologist satisfies the requirement for the anesthesiologist to notify the department within 30 days of employment.

The Board of Medicine and the Board of Osteopathic Medicine must appoint a task force of at least five members to study the anesthesiologist assistant licensure requirements and issue a report to the Secretary of the Department of Health by March 1, 2005, concerning the continued need for the anesthesiologist assistant licensure requirements. The task force must include one member from the Board of Medicine, the Board of Osteopathic Medicine, the Department of Health, Nova Southeastern University, and one of the medical schools in the state.

The chairperson of the Board of Osteopathic Medicine may appoint an anesthesiologist and an anesthesiologist assistant to advise the board as to the promulgation of rules for the licensure of anesthesiologist assistants. The Board of Osteopathic Medicine may use a committee structure to receive any recommendations to the board regarding rules and all matters relating to anesthesiologist assistants. The Board of Osteopathic Medicine must recommend the licensure of anesthesiologist assistants and develop all rules regulating the use of anesthesiologist assistants by qualified anesthesiologists who are licensed under ch. 458 or ch. 459, F.S., including rules to ensure the continuity of supervision is maintained in each practice setting, and rules to improve safety in the clinical practices of licensed anesthesiologist assistants. The Board of Medicine and the Board of Osteopathic Medicine must consider adopting a proposed rule at the regularly scheduled meeting immediately following the submission of the proposed rule. A proposed rule may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules must be approved by both the Board of Medicine and the Board of Osteopathic Medicine pursuant to each board's guidelines and standards for adopting proposed rules. The Board of Medicine and the Board of Osteopathic Medicine are authorized to adopt rules to implement the provisions of the bill.

A person who falsely holds himself or herself out as an anesthesiologist assistant commits a felony of the third degree. The Board of Osteopathic Medicine may impose discipline on an anesthesiologist assistant or the supervising anesthesiologist for violation of applicable grounds for discipline in ch. 456, F.S., or the osteopathic medical practice act. A supervising anesthesiologist is liable for any act or omission of an anesthesiologist assistant acting under the anesthesiologist's supervision and control. The Department of Health is required to allocate the fees collected from the anesthesiologist assistants to the board.

Section 6. Provides that the act shall take effect July 1, 2003.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

The bill subjects anesthesiologist assistant licensure applicants to an application fee no greater than $1,000 as set by the Board of Medicine and the Board of Osteopathic Medicine and license renewal applicants will be subject to a fee no greater than $1,000 as set by the boards.

B. Private Sector Impact:

This bill will allow anesthesiologist assistants to practice in Florida and may allow the employers of such professionals to be reimbursed from third party payors for the services performed by anesthesiologist assistants.

C. Government Sector Impact:

The Department Health estimates are based on the assumption that at least 50 applicants will make application during fiscal year 2003-2004.

The Department of Health will incur costs to implement the proposed regulation and estimates that it will need a ½ full time equivalent position (Regulation Specialist I-Paygrade 15) and for fiscal year 2003-2004, will need approximately $32,154 to cover expenses that will be offset by an estimated $15,250 in revenue; and for fiscal year 2003-2004, will need $26,393 that will be offset by an estimated $10,250 in revenue.

Estimated revenues for fiscal year 2003-2004 are based on $100 initial applicant fees; $200 initial licensure fee, and $5 unlicensed activity fee for 50 applicants for a total of $15,250. Fiscal year 2004-2005 revenues pro-rate the initial licensure fees to $100 for estimated revenue of $10,250 for that year. Renewals will begin in FY 2005-2006 and it is assumed that the initial renewal will result in 100 licensees renewing at $200 plus $5 unlicensed activity fee for $20,500.

The Department of Health will incur additional costs to staff the task force that will study anesthesiologist assistant licensure requirements created under the bill.

Section 921.001, F.S., requires any legislation that creates a felony offense, enhances a misdemeanor offense to a felony or reclassifies an existing felony offense to a greater

felony classification to result in a net zero sum impact in the overall prison population as determined by the Criminal Justice Estimating Conference, unless the legislation contains a sufficient funding source to accommodate the change, or the Legislature abrogates the application of s. 921.001, F.S. To the extent the bill creates a felony offense applicable to any person who falsely holds himself or herself out as an anesthesiologist assistant, it may have a fiscal impact based on its impact on the overall prison population as determined by the Criminal Justice Estimating Conference under procedures established in s. 216.136(5), F.S.

VI. Technical Deficiencies:

On page 13, lines 10-17, and page 25, lines 8-15, the bill requires the anesthesiologist assistant to notify the department in writing within 30 days after obtaining employment and any subsequent change in his or her supervising anesthesiologist. Submission of the required protocol satisfies the requirement. Under the bill, the protocol is submitted by the supervising anesthesiologist and not the anesthesiologist assistant, which potentially puts the supervised individual in conflict with his or her supervisor for actions over which the supervised anesthesiologist assistant has no control.

VII. Related Issues:

This bill, by implication, grants the Board of Medicine and the Board of Osteopathic Medicine the authority to regulate a specialty of the practice of medicine or osteopathic medicine, as appropriate, to the extent that it establishes credentialing standards that a Florida-licensed allopathic or osteopathic physician must meet to supervise another licensed health care professional who is delegated "medical services" within a specialty practice of allopathic or osteopathic medicine. The term "medical services" is not defined in the bill. Section 458.305, F.S., defines the "practice of medicine" to mean the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. The practice of osteopathic medicine is similarly defined under s. 459.003, F.S. Under s. 458.309(1) and s. 459.005(1), F.S., the Board of Medicine and the Board of Osteopathic Medicine have authority to adopt rules to implement the provisions of their respective chapters conferring duties on each board.

On page 15, lines 17-20, and page 27, lines 21-25, the bill provides criminal penalties for a person who holds himself or herself out as an anesthesiologist assistant, but does not provide criminal penalties for a person who holds himself or herself out as an anesthesiologist.

VIII. Amendments:

None.