

Senate Bill 273 (Anesthesiologist Assistant Licensure)

Senate Bill 273, authored by Sen. Pat Miller, would provide for the licensure and regulation of anesthesiologist assistants (AAs) in Indiana.

AAs are highly skilled health professionals who work exclusively under the medical direction of licensed anesthesiologists to implement anesthesia care plans. AAs are currently authorized to practice in 17 states, including our neighboring states of Michigan, Ohio and Kentucky.

Training & Qualifications

All AAs must possess a premedical background, a baccalaureate degree, and also complete a comprehensive didactic and clinical program at the graduate school level.

AAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. AA training programs must include a minimum of 24-28 months in a Master's level program accredited by the Commission for the Accreditation of Allied Health Educational Programs (CAAHEP). The programs must be based at, or in collaboration with, a university that has a medical school and academic anesthesiologist physician faculty.

An average of 600 hours of classroom/laboratory education, 2,600 hours of clinical anesthesia education, and more than 600 anesthetics administered, including all types of surgery, are typically required to successfully complete AA training.

Upon completion of an accredited AA program, a student may become certified by passing the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) examination. The examination is administered and scored by the National Board of Medical Examiners.

To re-certify, an AA must complete 40 hours of CME every two years. Additionally, AAs must take the Continuing Demonstration of Qualification Exam every six years.

Supervision of AAs by Anesthesiologists

An AA may practice only under the supervision of an anesthesiologist and only as described in a written practice protocol.

The term "supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by an AA. At all times that medical services are rendered by an AA, the supervising anesthesiologist must be within physical proximity that allows the anesthesiologist to return to re-establish direct contact with the patient to meet medical needs and address any urgent or emergent clinical problems. Further, the supervising anesthesiologist must personally participate in the induction of general anesthesia except in certain emergency situations.

Maximum number of AAs supervised: An anesthesiologist may not supervise a greater number of AAs than permitted under the CMS reimbursement rules. Under these rules, an anesthesiologist may medically direct no more than four anesthesia services concurrently and may not perform any other services while he or she is providing medical direction.

Written practice protocol: A supervising anesthesiologist and an AA are required to adopt and implement a written practice protocol that:

1. identifies the AA's scope of practice;
2. defines the AA's relationship with and access to the supervising anesthesiologist;
3. establishes a process for evaluating the AA's performance;
4. delineates the services that the AA is authorized to provide and the manner in which the anesthesiologist will supervise the AA;
5. is based on relevant quality assurance standards, including regular review by the supervising anesthesiologist of the medical records of the patients cared for by the AA; and
6. is signed by the anesthesiologist and AA, updated annually, and made available to the MLB upon request.

Medical Licensing Board audit of practice protocols: The MLB may randomly audit or inspect any written practice protocol under which an AA works. An anesthesiologist or AA who violates the written practice protocol may be subject to disciplinary action.

Registration with the MLB: A supervising anesthesiologist must register with the MLB. The registration must include a brief description of the setting in which the AA will practice and a statement that the anesthesiologist will retain professional and legal responsibility for the care prescribed by the anesthesiologist and rendered by the AA.

Scope of Practice

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A supervising anesthesiologist may delegate a medical service to an AA pursuant to a written practice protocol, so long as the medical service is: (1) appropriate to the AA's level of competence; (2) within the supervising anesthesiologist's scope of practice; and (3) a task that the supervising anesthesiologist typically performs and is qualified to perform.

Specific services: AA may assist an anesthesiologist in developing and implementing an anesthesia care plan for a patient. An AA is authorized to do the following pursuant to a written practice protocol, and as assigned by the supervising anesthesiologist:

1. obtain a comprehensive patient history, perform relevant elements of a physical exam and present the history to the supervising anesthesiologist;
2. pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in consultation with the supervising anesthesiologist;
3. implement medically accepted monitoring techniques;

4. establish basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;
5. administer intermittent vasoactive drugs and start and adjust vasoactive infusions;
6. administer anesthetic drugs, adjuvant drugs, and accessory drugs;
7. implement spinal, epidural and regional anesthetic procedures;
8. administer blood, blood products, and supportive fluids;
9. place deep venous catheters and arterial catheters;
10. provide assistance to a cardiopulmonary resuscitation team in response to a life threatening situation;
11. participate in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and
12. perform such other tasks not prohibited by law under the supervision of an anesthesiologist that an AA has been trained and is proficient to perform.

Prohibitions

Under SB 273, an AA may not:

1. prescribe any medications or controlled substances;
2. administer any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe;
3. perform interventional pain management; and
4. practice or attempt to practice without the supervision of an anesthesiologist or in any location where the supervising anesthesiologist is not immediately available for consultation, assistance, and intervention.

Licensure & regulations

SB 273 would establish a 5-member AA committee under the Medical Licensing Board (MLB) that would be responsible for the licensure and oversight of anesthesiologist assistants.

The AA committee would be authorized to grant a license to an applicant who has successfully completed an educational program for AAs accredited by CAAHEP and who passes the certifying examination administered by the National Commission on Certification of Anesthesiologist Assistants.

The AA committee would be responsible for: (1) approving the qualifications of prospective AAs seeking initial licensure, (2) approving or rejecting initial licensure or renewal applications, (3) proposing rules to the MLB concerning the competent practice of AAs and administration of the AA act, and (4) recommending fees to the MLB. Members would be appointed to 3-year terms by the governor, and would include a member of the MLB, two anesthesiologists, an AA, and a consumer.

The MLB would be required to adopt rules governing the competent practice of anesthesiologist assistants, the renewal of AA licenses; and standards for the administration of the AA act.

Reimbursement

Anesthesia services provided by AAs are reimbursed by CMS, Tricare, and private insurance companies. In addition, AAs are eligible for reimbursement by Indiana Medicaid under 405 IAC 5-10-1.

AA Practice Jurisdictions		
Jurisdiction	Licensure	Physician delegation
Alabama	X	
Colorado	X	
District of Columbia	X	
Florida	X	
Georgia	X	
Kentucky	X	
Michigan		X
Missouri	X	
New Hampshire		X
New Mexico	X	
North Carolina	X	
Ohio	X	
Oklahoma	X	
South Carolina	X	
Texas		X
Vermont	X	
West Virginia		X
Wisconsin	X	

AA Educational Programs
Emory University
Case Western Reserve - Cleveland
Case Western Reserve - Houston
Case Western Reserve – Washington, DC
Nova Southeastern University Ft. Lauderdale
Nova Southeastern University Tampa
University of Missouri at Kansas City
South University