

State of Misconsin 2009 - 2010 LEGISLATURE

LRB-4289/1 CTS:jld:rs

2009 SENATE BILL 535

February 11, 2010 – Introduced by Senators TAYLOR, DARLING, KAPANKE, KEDZIE and PLALE, cosponsored by Representatives SHILLING, PASCH, PETROWSKI, SMITH, TOWNSEND, VRUWINK, ZEPNICK and A. WILLIAMS. Referred to Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue.

AN ACT to renumber 448.015 (1); to amend 448.02 (1), 448.03 (2) (c), 448.03 (2)
(e), 448.03 (2) (k), 448.05 (1) (d) and 448.05 (6) (a); and to create 15.407 (9),
448.015 (1b), 448.015 (1c), 448.03 (1) (d), 448.03 (3) (g), 448.03 (7), 448.04 (1) (g),
448.05 (5w), 448.05 (6) (ar), 448.13 (3), 448.22 and 448.23 of the statutes;
relating to: licensing anesthesiologist assistants and creating the Council on
Anesthesiologist Assistants and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill creates licensure requirements and practice standards for anesthesiologist assistants.

The bill prohibits a person from practicing as an anesthesiologist assistant or representing or implying that the person is an anesthesiologist assistant unless the person holds a license to practice as an anesthesiologist assistant granted by the Medical Examining Board (board). The bill requires the board to issue a license to a person who has: 1) obtained a bachelor's degree; 2) completed an accredited anesthesiologist assistant program; and 3) passed a certifying examination. The board may also issue a license to a person who is licensed as an anesthesiologist assistant in another state, if that state authorizes a licensed anesthesiologist assistant to practice in the same manner and to the same extent as this state.

Under the bill, an anesthesiologist assistant may assist an anesthesiologist in the delivery of medical care only under the supervision of an anesthesiologist who

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is immediately available and able to intervene if needed. The scope of an anesthesiologist assistant's practice is limited to assisting only the supervising anesthesiologist and performing only certain medical care tasks assigned by the supervising anesthesiologist. The medical care tasks are specified in the bill and include the following: 1) developing and implementing an anesthesia care plan; 2) implementing monitoring techniques; 3) pretesting and calibrating anesthesia delivery systems; 4) administering vasoactive drugs and starting and adjusting vasoactive infusions; 5) administering intermittent anesthetic, adjuvant, and accessory drugs; 6) implementing spinal, epidural, and regional anesthetic procedures; and 7) administering blood, blood products, and supportive fluids.

The bill requires an anesthesiologist assistant to be employed by one of certain health care providers specified in the bill and to enter into a supervision agreement with an anesthesiologist who represents the anesthesiologist assistant's employer. The supervision agreement must identify the anesthesiologist assistant's supervising anesthesiologist and define the scope of the anesthesiologist assistant's practice, and may limit the anesthesiologist assistant's practice to less than the full scope of anesthesiologist assistant practice authorized by the bill.

The bill authorizes a student anesthesiologist assistant to perform only medical care tasks assigned by an anesthesiologist, who may delegate the supervision of a student to a qualified anesthesiology provider. The bill also creates a five-member Council on Anesthesiologist Assistants to advise and make recommendations to the board and requires a study of the feasibility of establishing an anesthesiologist assistant school in the University of Wisconsin System.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1	SECTION 1. 15.407 (9) of the statutes is created to read:
2	15.407 (9) Council on Anesthesiologist Assistants; duties. There is created
3	a council on anesthesiologist assistants in the department of regulation and
4	licensing and serving the medical examining board in an advisory capacity. The
5	council's membership shall consist of the following members, who shall be selected
6	from a list of recommended appointees submitted by the president of the Wisconsin
7	Society of Anesthesiologists, Inc., after the president of the Wisconsin Society of
8	Anesthesiologists, Inc., has considered the recommendation of the Wisconsin

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1	Academy of Anesthesiologist Assistants for the appointee under par. (b), and who
2	shall be appointed by the medical examining board for 3-year terms:
3	(a) One member of the medical examining board.
4	(b) One anesthesiologist assistant licensed under s. 448.04 (1) (g).
5	(c) Two anesthesiologists.
6	(d) One lay member.
7	SECTION 2. 448.015 (1) of the statutes is renumbered 448.015 (1d).
8	SECTION 3. 448.015 (1b) of the statutes is created to read:
9	448.015 (1b) "Anesthesiologist" means a physician who has completed a
10	residency in anesthesiology approved by the American Board of Anesthesiology or
11	the American Osteopathic Board of Anesthesiology, holds an unrestricted license,
12	and is actively engaged in clinical practice.
13	SECTION 4. 448.015 (1c) of the statutes is created to read:
14	448.015 (1c) "Anesthesiologist assistant" means an individual licensed by the
15	board to assist an anesthesiologist in the delivery of certain medical care with
16	anesthesiologist supervision.
17	SECTION 5. 448.02 (1) of the statutes is amended to read:
18	448.02 (1) LICENSE. The board may grant licenses, including various classes
19	of temporary licenses, to practice medicine and surgery, to practice perfusion, <u>to</u>
20	practice as an anesthesiologist assistant, and to practice as a physician assistant.
21	SECTION 6. 448.03 (1) (d) of the statutes is created to read:
22	448.03 (1) (d) No person may practice as an anesthesiologist assistant unless
23	he or she is licensed by the board as an anesthesiologist assistant.
24	SECTION 7. 448.03 (2) (c) of the statutes is amended to read:

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1	448.03 (2) (c) The activities of a medical student, respiratory care student,
2	perfusion student, <u>anesthesiologist assistant student</u> , or physician assistant student
3	required for such student's education and training, or the activities of a medical
4	school graduate required for training as required in s. 448.05 (2).
5	SECTION 8. 448.03 (2) (e) of the statutes is amended to read:
6	448.03 (2) (e) Any person other than a physician assistant or an
7	anesthesiologist assistant who is providing patient services as directed, supervised
8	and inspected by a physician who has the power to direct, decide and oversee the
9	implementation of the patient services rendered.
10	SECTION 9. 448.03 (2) (k) of the statutes is amended to read:
11	448.03 (2) (k) Any persons, other than physician assistants <u>, anesthesiologist</u>
12	assistants, or perfusionists, who assist physicians.
13	SECTION 10. 448.03 (3) (g) of the statutes is created to read:
14	448.03 (3) (g) No person may designate himself or herself as an
15	"anesthesiologist assistant" or use or assume the title "anesthesiologist assistant" or
16	append to the person's name the words or letters "anesthesiologist assistant" or
17	"A.A." or any other titles, letters, or designation that represents or may tend to
18	represent the person as an anesthesiologist assistant unless he or she is licensed as
19	an anesthesiologist assistant by the board. An anesthesiologist assistant shall be
20	clearly identified as an anesthesiologist assistant.
21	SECTION 11. 448.03 (7) of the statutes is created to read:
22	448.03 (7) SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS. An anesthesiologist
23	may not supervise more than the number of anesthesiologist assistants permitted
24	by reimbursement standards for Part A or Part B of the federal Medicare program
25	under Title XVIII of the federal Social Security Act, 42 USC 1395 to 1395hhh.

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1	SECTION 12. 448.04 (1) (g) of the statutes is created to read:
2	448.04 (1) (g) Anesthesiologist assistant license. The board shall license as an
3	anesthesiologist assistant an individual who meets the requirements for licensure
4	under s. 448.05 (5w). The board may, by rule, provide for a temporary license to
5	practice as an anesthesiologist assistant. The board may issue a temporary license
6	to a person who meets the requirements under s. 448.05 (5w) and who is eligible to
7	take, but has not passed, the examination under s. 448.05 (6). A temporary license
8	expires on the date on which the board grants or denies an applicant permanent
9	licensure or on the date of the next regularly scheduled examination required under
10	s. 448.05 (6) if the applicant is required to take, but has failed to apply for, the
11	examination. An applicant who continues to meet the requirements for a temporary
12	license may request that the board renew the temporary license, but an
13	anesthesiologist assistant may not practice under a temporary license for a period
14	of more than 3 years.
15	SECTION 13. 448.05 (1) (d) of the statutes is amended to read:
16	448.05 (1) (d) Be found qualified by three-fourths of the members of the board,
17	except that an applicant for a temporary license under s. 448.04 (1) (b) 1. and 3. and,
18	(e) <u>, and (g)</u> must be found qualified by 2 members of the board.
19	SECTION 14. 448.05 (5w) of the statutes is created to read:
20	448.05 (5w) ANESTHESIOLOGIST ASSISTANT LICENSE. An applicant for a license

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to practice as an anesthesiologist assistant shall submit evidence satisfactory to
board that the applicant has done all of the following:

(a) Obtained a bachelor's degree.

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1 (b) Satisfactorily completed an anesthesiologist assistant program that is 2 accredited by the Commission on Accreditation of Allied Health Education 3 Programs, or by a predecessor or successor entity.

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4 (c) Passed the certifying examination administered by, or obtained active
5 certification from, the National Commission on Certification of Anesthesiologist
6 Assistants or a successor entity.

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SECTION 15. 448.05 (6) (a) of the statutes is amended to read:

8 448.05 (6) (a) Except as provided in par. pars. (am) and (ar), the board shall 9 examine each applicant it finds eligible under this section in such subject matters as 10 the board deems applicable to the class of license or certificate which the applicant 11 seeks to have granted. Examinations may be both written and oral. In lieu of its own 12examinations, in whole or in part, the board may make such use as it deems 13 appropriate of examinations prepared, administered, and scored by national 14examining agencies, or by other licensing jurisdictions of the United States or 15Canada. The board shall specify passing grades for any and all examinations 16 required.

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SECTION 16. 448.05 (6) (ar) of the statutes is created to read:

448.05 (6) (ar) When examining an applicant for a license to practice as an 18 anesthesiologist assistant under par. (a), the board shall use the certification 19 20examination administered by the National Commission on Certification of 21Anesthesiologist Assistants or a successor entity. The board may license without 22additional examination any qualified applicant who is licensed in any state or 23territory of the United States or the District of Columbia and whose license $\mathbf{24}$ authorizes the applicant to practice in the same manner and to the same extent as 25an anesthesiologist assistant is authorized to practice under s. 448.22 (2).

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SECTION 17. 448.13 (3) of the statutes is created to read:

448.13 (3) Each person licensed as an anesthesiologist assistant shall, in each
2nd year at the time of application for a certificate of registration under s. 448.07,
submit proof of meeting the criteria for recertification by the National Commission
on Certification of Anesthesiologist Assistants or by a successor entity, including any
continuing education requirements.

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SECTION 18. 448.22 of the statutes is created to read:

8 **448.22 Anesthesiologist assistants**. (1) In this section, "supervision" means 9 the use of the powers of direction and decision to coordinate, direct, and inspect the 10 accomplishments of another, and to oversee the implementation of the 11 anesthesiologist's intentions.

12 (2) An anesthesiologist assistant may assist an anesthesiologist in the 13 delivery of medical care only under the supervision of an anesthesiologist and only 14 as described in a supervision agreement between the anesthesiologist assistant and 15 an anesthesiologist who represents the anesthesiologist assistant's employer. The 16 supervising anesthesiologist shall be immediately available in the same physical 17 location or facility in which the anesthesiologist assistant assists in the delivery of 18 medical care such that the supervising anesthesiologist is able to intervene if needed.

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(3) A supervision agreement under sub. (2) shall do all of the following:

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(a) Describe the supervising anesthesiologist.

(b) Define the practice of the anesthesiologist assistant consistent with subs.
(2), (4) and (5).

(4) An anesthesiologist assistant's practice may not exceed his or her education
 and training, the scope of practice of the supervising anesthesiologist, and the
 practice outlined in the anesthesiologist assistant supervision agreement. A medical

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1	care task assigned by the supervising anesthesiologist to the anesthesiologist
2	assistant may not be delegated by the anesthesiologist assistant to another person.
3	(5) An anesthesiologist assistant may assist only the supervising
4	anesthesiologist in the delivery of medical care and may perform only the following
5	medical care tasks as assigned by the supervising anesthesiologist:
6	(a) Developing and implementing an anesthesia care plan for a patient.
7	(b) Obtaining a comprehensive patient history and performing relevant
8	elements of a physical exam.
9	(c) Pretesting and calibrating anesthesia delivery systems and obtaining and
10	interpreting information from the systems and from monitors.
11	(d) Implementing medically accepted monitoring techniques.
12	(e) Establishing basic and advanced airway interventions, including
13	intubation of the trachea and performing ventilatory support.
14	(f) Administering intermittent vasoactive drugs and starting and adjusting
15	vasoactive infusions.
16	(g) Administering anesthetic drugs, adjuvant drugs, and accessory drugs.
17	(h) Implementing spinal, epidural, and regional anesthetic procedures.
18	(i) Administering blood, blood products, and supportive fluids.
19	(j) Assisting a cardiopulmonary resuscitation team in response to a life
20	threatening situation.
21	(k) Participating in administrative, research, and clinical teaching activities
22	specified in the supervision agreement.
23	(L) Supervising student anesthesiologist assistants.
24	(6) An anesthesiologist who represents an anesthesiologist assistant's
25	employer shall review a supervision agreement with the anesthesiologist assistant

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at least annually. The supervision agreement shall be available for inspection at the
 location where the anesthesiologist assistant practices. The supervision agreement
 may limit the practice of an anesthesiologist assistant to less than the full scope of
 practice authorized under sub. (5).

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5 (7) An anesthesiologist assistant shall be employed by a health care provider, 6 as defined in s. 655.001 (8), that is operated in this state for the primary purpose of 7 providing the medical services of physicians or that is an entity described in s. 8 655.002 (1) (g), (h), or (i). If an anesthesiologist assistant's employer is not an 9 anesthesiologist, the employer shall provide for, and not interfere with, an 10 anesthesiologist's supervision of the anesthesiologist assistant.

11 (8) A student in an anesthesiologist assistant training program may assist only 12 an anesthesiologist in the delivery of medical care and may perform only medical 13care tasks assigned by the anesthesiologist. An anesthesiologist may delegate the 14 supervision of a student in an anesthesiologist assistant training program to a 15qualified anesthesia provider. For purposes of this subsection, a "qualified anesthesia provider" is an anesthesiologist, an anesthesiology fellow, an 16 17anesthesiology resident who has completed his or her first year of anesthesiology 18 residency, a certified registered nurse anesthetist or an anesthesiologist assistant. 19 This section shall not be interpreted to limit the number of other gualified anesthesia 20providers an anesthesiologist may supervise. A student in an anesthesiologist 21assistant training program shall be identified as a student anesthesiologist assistant 22or an anesthesiologist assistant student and may not be identified as an "intern," 23"resident," or "fellow."

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SECTION 19. 448.23 of the statutes is created to read:

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1 **448.23 Council on anesthesiologist assistants.** The council on 2 anesthesiologist assistants shall guide, advise, and make recommendations to the 3 board regarding the scope of anesthesiologist assistant practice and the promotion 4 of the role of anesthesiologist assistants in the delivery of health care services.

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SECTION 20. Nonstatutory provisions.

6 (1) Notwithstanding section 15.407 (9) (b) of the statutes, as created by this act, 7 the initial member of the council on anesthesiologist assistants appointed under 8 section 15.407 (9) (b) of the statutes, as created by this act, is not required to be a 9 licensed anesthesiologist assistant under section 448.04 (1) (g) of the statutes, as 10 created by this act, but shall be an individual who meets the criteria specified under 11 section 448.05 (5w) of the statutes, as created by this act.

(2) Notwithstanding section 15.407 (9) of the statutes, as created by this act,
one of the initial members of the council on anesthesiologist assistants appointed
under section 15.407 (9) (c) of the statutes, as created by this act, shall be appointed
for a 2-year term.

(3) The Board of Regents of the University of Wisconsin shall direct the School
of Medicine and Public Health to study the feasibility of establishing a School of
Anesthesiologist Assistants in the University of Wisconsin System. The School of
Medicine and Public Health shall submit a report containing the School of Medicine
and Public Health's findings to the Board of Regents and to the council on
anesthesiologist assistants under section 15.407 (9) of the statutes, as created by this
act, not later than one year after the effective date of this subsection.

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(END)