

AN ACT

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Columbia
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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

To amend the District of Columbia Health Occupations Revision Act of 1985 to require anesthesiologist assistants to be licensed by the Board of Medicine, to establish an Advisory Committee on Anesthesiologist Assistants, to provide for procedures and standards for licensing anesthesiologist assistants, and to require anesthesiologist assistants to submit pertinent information to the Board of Medicine.

BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this act may be cited as the "Anesthesiologist Assistant Licensure Amendment Act of 2004".

Sec. 2. The District of Columbia Health Occupations Revision Act of 1985, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code § 3-1201.01 *et seq.*), is amended as follows:

(a) The table of contents is amended as follows:

(1) Strike the phrase "Sec. 203. Board of Medicine; Advisory Committees on Acupuncture, Naturopathic Medicine, and Physician Assistants." and insert the phrase "Sec. 203. Board of Medicine; Advisory Committees on Acupuncture, Anesthesiologist Assistants, Naturopathic Medicine, and Physician Assistants." in its place.

(2) Add the following after "Sec. 622. Required disclosures.":

“TITLE VI-B

“ANESTHESIOLOGIST ASSISTANTS; SCOPE OF PRACTICE;

“LICENSE RENEWAL; TRANSITION; COUNCIL HEARING.

“Sec. 631. Scope of practice.

“Sec. 632. License renewal.

“Sec. 633. Transition.

“Sec. 634. Council hearing.”.

(b) Section 102 (D.C. Official Code § 3-1201.02) is amended by adding a new paragraph (2A) to read as follows:

Amend
§ 3-1201.02

“(2A)(A) “Practice by anesthesiologist assistants” means assisting an anesthesiologist in developing and implementing anesthesia care plans for patients under the supervision and direction of the anesthesiologist.

“(B) For the purposes of this paragraph, the term “anesthesiologist” means a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and who is currently licensed to practice medicine in the District of Columbia.”.

(c) Section 203 (D.C. Official Code § 3-1202.03) is amended as follows:

Amend
§ 3-1202.03

(1) The section heading is amended by striking the phrase “Acupuncture,” and inserting the phrase “Acupuncture, Anesthesiologist Assistants,” in its place.

(2) Subsection (a) is amended as follows:

(A) Paragraph (2) is amended by striking the phrase “Acupuncture,” and inserting the phrase “Acupuncture, the practice by anesthesiologists assistants with the advice of the Advisory Committee on Anesthesiologists Assistants,” in its place.

(B) Paragraph (8) is amended as follows:

(i) Subparagraph (B-1) is redesignated as subparagraph (B-2).

(ii) A new subparagraph (B-1) is added to read as follows:

“(B-1) The practice by anesthesiologist assistants in accordance with guidelines approved by the Advisory Committee on Anesthesiologist Assistants.”.

(3) Subsection (c-1) is redesignated as subsection (c-2).

(4) A new subsection (c-1) is added to read as follows:

“(c-1)(1) There is established an Advisory Committee on Anesthesiologist Assistants to consist of 3 members appointed by the Mayor.

“(2) The Advisory Committee on Anesthesiologist Assistants shall develop and submit to the Board guidelines for the licensing and regulation of anesthesiologist assistants in the District. The guidelines shall set forth the actions which may be performed by anesthesiologist assistants under the direct supervision of a licensed anesthesiologist, who shall be responsible for the overall medical direction of the care and treatment of patients.

“(3) Of the members of the Advisory Committee on Anesthesiologist Assistants, 1 shall be an anesthesiologist licensed in the District with experience working with anesthesiologist assistants, 1 shall be an anesthesiologist assistant licensed in the District, and 1 shall be the Commissioner of Public Health, or his or her designee.

“(4) The Advisory Committee on Anesthesiologist Assistants shall submit initial guidelines to the Board within 180 days of the effective date of the Anesthesiologist Assistant Licensure Amendment Act of 2004, passed on 2nd reading on October 5, 2004 (Enrolled version of Bill 15-634), and shall subsequently meet at least annually to review the guidelines and make necessary revisions for submission to the Board.”.

(5) Subsection (e) is amended by striking the phrase “Acupuncture,” and inserting the phrase “Acupuncture, Anesthesiologist Assistants,” in its place.

(6) Subsection (f) is amended as follows:

(A) Strike the phrase “Acupuncture,” and insert the phrase “Acupuncture, Anesthesiologist Assistants,” in its place.

(B) Strike the phrase “a physician assistant,” and insert the phrase “an anesthesiologist assistant or a physician assistant,” in its place.

(d) Section 302(12) (D.C. Official Code § 3-1203.02(12)) is amended by striking the phrase “exceeding 1 year;” and inserting the phrase “exceeding one year, and to applicants for licensure to practice as anesthesiologist assistants for a period not to exceed 2 years;” in its place.

Amend
§ 3-1203.02

(e) Section 401(b)(2) (D.C. Official Code § 3-1204.01(b)(2)) is amended by striking the phrase “Acupuncture,” and inserting the phrase “Acupuncture, the anesthesiologist assistant member initially appointed to the Advisory Committee on Anesthesiologist Assistants,” in its place.

Amend
§ 3-1204.01

(f) Section 501 (D.C. Official Code § 3-1205.01) is amended by striking the phrase “a physician assistant or occupational therapy assistant” and inserting the phrase “an anesthesiologist assistant, physician assistant, or occupational therapy assistant” in its place.

Amend
§ 3-1205.01

(g) Section 504 (D.C. Official Code § 3-1205.04) is amended by adding a new subsection (a-1) to read as follows:

Amend
§ 3-1205.04

“(a-1)(1) An individual applying for a license to practice as an anesthesiologist assistant under this act shall establish to the satisfaction of the Board of Medicine that the individual has:

“(A) Earned a degree or certification from an anesthesiologist assistant program accredited by the Commission for the Accreditation of Allied Health Educational Programs, or by the commission’s successor;

“(B) Successfully completed the Commission for the Accreditation of Allied Health Educational Programs National Certification Exam for Anesthesiologist Assistants, or an examination administered by its successor; and

“(C) Successfully completed and has current certification for the Advanced Cardiac Life Support program as administered by the American Heart Association or its successor organization.

“(2) An application for licensure as an anesthesiologist assistant may be filed by an individual who has taken the national certification examination required under paragraph (1)(B) of this subsection but not yet received the results.”.

(h) A new Title VI-B is added to read as follows:

“TITLE VI-B

“ANESTHESIOLOGIST ASSISTANTS; SCOPE OF PRACTICE;

“LICENSE RENEWAL; TRANSITION; COUNCIL HEARING.

“Sec. 631. Scope of practice.

“(a) An anesthesiologist assistant shall be licensed by the Board of Medicine before administering anesthesia within the District of Columbia.

“(b) An individual licensed to practice as an anesthesiologist assistant, as that practice is defined in section 102(2A), shall have the authority to:

“(1) Obtain a comprehensive patient history, perform relevant elements of a physical examination, 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 an anesthesiologist;

“(3) Assist the supervising anesthesiologist with the implementation of 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, including narcotics;

“(7) Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques;

“(8) Administer blood, blood products, and supportive fluids;

“(9) Provide assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;

“(10) Monitor, transport, and transfer care to appropriate anesthesia or recovery personnel;

“(11) Participate in administrative, research, and clinical teaching activities, as authorized by the supervising anesthesiologist; and

“(12) Perform such other tasks that an anesthesiologist assistant has been trained and is proficient to perform.

“(c) Anesthesiologist assistants shall not:

“(1) Prescribe any medications or controlled substances;

“(2) Practice or attempt to practice unless under the supervision of an anesthesiologist who is immediately available for consultation, assistance, and intervention;

“(3) Practice or attempt to administer anesthesia during the induction or emergence phase without the personal participation of the supervising anesthesiologist; or

“(4) Administer any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe;

“(d)(1) The supervising anesthesiologist shall be immediately available to participate directly in the care of the patient whom the anesthesiologist assistant and the anesthesiologist are jointly treating, and shall at all times accept and be responsible for the oversight of the health care services rendered by the anesthesiologist assistant.

“(2) A supervising anesthesiologist shall be present during the induction and the emergence phases of a patient to whom anesthesia has been administered.

“(3) A supervising anesthesiologist may supervise up to 3 anesthesiologist assistants at any one time during normal circumstances, and up to 4 anesthesiologist assistants at any one time during emergency circumstances, consistent with federal rules for reimbursement for anesthesia services.

“(4) No faculty member of an anesthesiologist assistants program shall concurrently supervise more than 2 anesthesiologist assistant students who are delivering anesthesia.

“(e) For the purposes of this section, the term:

“(1) “Anesthesiologist” means a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and who is currently licensed to practice medicine in the District of Columbia.

“(2) “Immediately available” means the supervising anesthesiologist is:

“(A) Present in the building or facility in which anesthesia services are being provided by an anesthesiologist assistant; and

“(B) Able to directly provide assistance to the anesthesiologist assistant in providing anesthesia services to the patient in accordance with the prevailing standards of:

“(i) Acceptable medical practice;

“(ii) The American Society of Anesthesiologists’ guidelines for best practice of anesthesia in a care team model; and

“(iii) Any additional requirements established by the Board of Medicine through a formal rulemaking process.

“(3) “Supervision” means directing and accepting responsibility for the anesthesia services rendered by an anesthesiologist assistant in a manner approved by the Board of Medicine.

“Sec. 632. License renewal.

“The Board of Medicine shall renew the license of an anesthesiologist assistant who, in addition to meeting the requirements of section 510, has submitted to the Board, along with the application for renewal, documentation of current certification as an Anesthesiologist Assistant – Certified (“AA-C”) by the Commission for the Accreditation of Allied Health Education Programs, or its successor, including completion of the necessary continuing medical education credits required to maintain AA-C status.

“Sec. 633. Transition.

“For a period of 2 years following the effective date of the Anesthesiologist Assistant Licensure Amendment Act of 2004, passed on 2nd reading on October 5, 2004 (Enrolled version of Bill 15-634), all references in this act to anesthesiologist assistants shall be deemed to refer to persons meeting the requirements for licensure in the District, regardless of whether they are licensed in fact.

“Sec. 634. Council hearing.

“Three years from the effective date of the Anesthesiologist Assistant Licensure Amendment Act of 2004, passed on 2nd reading on October 5, 2004 (Enrolled version of Bill 15-634) (“Act”), the Council committee having jurisdiction over the Department of Health shall hold a public hearing on the appropriateness of the requirements for anesthesiologist assistants imposed by the Act.”.

(i) Section 1003 (D.C. Official Code § 3-1210.03) is amended by adding a new subsection (y) to read as follows:

Amend
§ 3-1210.03

“(y) Unless authorized to practice as an anesthesiologist assistant under this act, a person shall not use or imply the use of the words or terms “anesthesiologist assistant,” or “A.A.,” or any similar title or description of services with the intent to represent that the person practices as an anesthesiologist assistant.”.

Sec. 3. Fiscal impact statement.

The Council adopts the fiscal impact statement in the committee report as the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

Sec. 4. Effective date.

This act shall take effect following approval by the Mayor (or in the event of veto by the Mayor, action by the Council to override the veto), a 30-day period of Congressional review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of Columbia Register.

Chairman
Council of the District of Columbia

Mayor
District of Columbia