

6646

2013-2014 Regular Sessions

I N A S S E M B L Y

April 12, 2013

Introduced by M. of A. SCHIMMINGER -- read once and referred to the
Committee on Higher Education

AN ACT to amend the education law, in relation to providing for the
licensing of anesthesiologist assistants and regulating the practice
of such professionals

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEM-
BLY, DO ENACT AS FOLLOWS:

1 Section 1. The education law is amended by adding a new section
2 6529-a to read as follows:
3 S 6529-A. ANESTHESIOLOGIST ASSISTANTS. 1. DEFINITIONS. FOR THE
4 PURPOSES OF THIS SECTION, THE FOLLOWING TERMS SHALL HAVE THE FOLLOWING
5 MEANINGS:
6 (A) "ANESTHESIOLOGIST ASSISTANT" MEANS A PERSON WHO IS LICENSED AS AN
7 ANESTHESIOLOGIST ASSISTANT PURSUANT TO THIS SECTION.
8 (B) "ANESTHESIOLOGIST" MEANS A PHYSICIAN WHO HAS SUCCESSFULLY
9 COMPLETED A RESIDENCY IN ANESTHESIOLOGY APPROVED BY THE AMERICAN BOARD
10 OF MEDICINE OF ANESTHESIOLOGY OR THE AMERICAN OSTEOPATHIC BOARD OF
11 ANESTHESIOLOGY AND WHO IS ACTIVELY AND DIRECTLY ENGAGED IN THE CLINICAL
12 PRACTICE OF MEDICINE AS AN ANESTHESIOLOGIST.
13 (C) "ADMINISTRATION OF ANESTHESIA IN THE HOSPITAL OR AMBULATORY SURGI-
14 CAL CENTER" MEANS ANESTHESIA SERVICES SHALL BE DIRECTED BY AN ANESTHE-
15 SIOLOGIST WHO HAS RESPONSIBILITY FOR THE CLINICAL ASPECTS OR ORGANIZA-
16 TION AND DELIVERY OF ALL ANESTHESIA SERVICES PROVIDED BY THE HOSPITAL OR
17 AMBULATORY SURGICAL CENTER. THAT ANESTHESIOLOGIST SHALL DIRECT THE
18 ADMINISTRATION ASPECTS OF THE SERVICE, AND SHALL BE RESPONSIBLE, IN
19 CONJUNCTION WITH THE MEDICAL STAFF, FOR RECOMMENDING TO THE GOVERNING
20 BODY PRIVILEGES TO THOSE PERSONS QUALIFIED TO ADMINISTER ANESTHETICS,
21 INCLUDING THE PROCEDURES EACH PERSON IS QUALIFIED TO PERFORM AND THE
22 LEVELS OF REQUIRED SUPERVISION AS APPROPRIATE. FOR THE PURPOSES OF THIS
23 SECTION, "ADMINISTRATION OF ANESTHESIA IN OFFICE-BASED SURGERY VENUES"
24 MEANS THE ANESTHESIA COMPONENT OF THE MEDICAL OR DENTAL PROCEDURE SHALL

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets
[] is old law to be omitted.

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1 BE SUPERVISED BY AN ANESTHESIOLOGIST WHO IS PHYSICALLY PRESENT AND
2 AVAILABLE TO IMMEDIATELY DIAGNOSE AND TREAT THE PATIENT FOR ANESTHESIA
3 COMPLICATIONS OR EMERGENCIES.

4 (D) "DEEP SEDATION" MEANS THE ADMINISTRATION OF MEDICATION BY THE
5 ORAL, PARENTERAL OR INHALATION ROUTES WHICH RESULTS IN A CONTROLLED
6 STATE OF DEPRESSED CONSCIOUSNESS ACCOMPANIED BY PARTIAL LOSS OF PROTEC-
7 TIVE REFLEXES. THERE MAY BE AN INABILITY TO INDEPENDENTLY AND CONTIN-
8 UOUSLY MAINTAIN AN OPEN AIRWAY AND/OR REGULAR BREATHING PATTERN WITH
9 DEEP SEDATION, AND THE ABILITY TO APPROPRIATELY AND RATIONALLY RESPOND
10 TO PHYSICAL STIMULI AND VERBAL COMMANDS IS LOST.

11 (E) "GENERAL ANESTHESIA" MEANS THE ADMINISTRATION OF A MEDICATION BY
12 THE PARENTERAL OR INHALATION ROUTES WHICH RESULTS IN A CONTROLLED STATE
13 OF UNCONSCIOUSNESS ACCOMPANIED BY A COMPLETE LOSS OF PROTECTIVE REFLEXES
14 INCLUDING LOSS OF THE ABILITY TO INDEPENDENTLY AND CONTINUOUSLY MAINTAIN
15 PATIENT AIRWAY AND A REGULAR BREATHING PATTERN. THERE IS ALSO AN
16 INABILITY TO RESPOND PURPOSEFULLY TO VERBAL COMMANDS AND/OR TACTILE
17 STIMULATION.

18 (F) "HOSPITAL" MEANS AN INSTITUTION OR FACILITY POSSESSING A VALID
19 OPERATING CERTIFICATE ISSUED PURSUANT TO ARTICLE TWENTY-EIGHT OF THE
20 PUBLIC HEALTH LAW.

21 (G) "AMBULATORY SURGICAL CENTER" MEANS AN INSTITUTION OR FACILITY
22 POSSESSING A VALID OPERATING CERTIFICATE ISSUED PURSUANT TO ARTICLE
23 TWENTY-EIGHT OF THE PUBLIC HEALTH LAW.

24 (H) "IMMEDIATELY AVAILABLE" MEANS REMAINING IN PHYSICAL PROXIMITY SO
25 AS TO ALLOW THE ANESTHESIOLOGIST TO RETURN TO RE-ESTABLISH DIRECT
26 CONTACT WITH THE PATIENT IN ORDER TO MEET THE PATIENT'S MEDICAL NEEDS
27 AND ADDRESS ANY URGENT OR EMERGENT CLINICAL PROBLEMS.

28 (I) "MODERATE SEDATION" MEANS A DRUG-INDUCED DEPRESSION OF CONSCIOUS-
29 NESS DURING WHICH (I) THE PATIENT RESPONDS PURPOSEFULLY TO VERBAL
30 COMMANDS, EITHER ALONE OR ACCOMPANIED BY LIGHT TACTILE STIMULATION; (II)
31 NO INTERVENTIONS ARE REQUIRED TO MAINTAIN A PATIENT AIRWAY; (III) SPON-
32 TANEOUS VENTILATION IS ADEQUATE; AND (IV) THE PATENT'S CARDIOVASCULAR
33 FUNCTION IS USUALLY MAINTAINED WITHOUT ASSISTANCE.

34 (J) "MONITORING" MEANS THE CONTINUAL CLINICAL OBSERVATION OF A PATIENT
35 AND THE USE OF INSTRUMENTS TO MEASURE, DISPLAY, AND RECORD THE VALUES OF
36 CERTAIN PHYSIOLOGIC VARIABLES SUCH AS PULSE, OXYGEN SATURATION, LEVEL OF
37 CONSCIOUSNESS, BLOOD PRESSURE AND RESPIRATION.

38 (K) "OFFICE-BASED SURGERY" MEANS ANY SURGICAL OR OTHER INVASIVE PROCE-
39 DURE, REQUIRING GENERAL ANESTHESIA, MODERATE SEDATION OR DEEP SEDATION,
40 AND ANY LIPOSUCTION PROCEDURE, WHERE SUCH SURGICAL OR OTHER INVASIVE
41 PROCEDURE OR LIPOSUCTION IS PERFORMED BY A LICENSEE IN A LOCATION OTHER
42 THAN A HOSPITAL, EXCLUDING MINOR PROCEDURES AND PROCEDURES REQUIRING
43 MINIMAL SEDATION.

44 (L) "PATIENT" MEANS AN INDIVIDUAL WHO IS UNDER THE CARE OF A PHYSICIAN
45 IN A LICENSED FACILITY OR IN AN OFFICE, UNDER THE CARE OF A PHYSICIAN,
46 DENTIST, ORAL SURGEON OR PODIATRIST.

47 (M) "PERI-OPERATIVE PERIOD" MEANS THE PERIOD OF TIME COMMENCING UPON
48 THE MEDICAL EVALUATION OF THE PATIENT BEFORE SURGERY AND ENDING UPON THE
49 PATIENT'S MEDICAL DISCHARGE FROM THE RECOVERY ROOM.

50 (N) "PHYSICALLY PRESENT" BY AN ANESTHESIOLOGIST MEANS THE ABILITY TO
51 REACT AND RESPOND IN AN IMMEDIATE AND APPROPRIATE MANNER SO AS TO MAKE
52 POSSIBLE THE CONTINUOUS EXERCISE OF MEDICAL JUDGMENT THROUGHOUT THE
53 ADMINISTRATION OF THE ANESTHESIA.

54 (O) "SUPERVISION" MEANS THAT AN ANESTHESIOLOGIST SHALL DIRECT THE
55 ANESTHESIA SERVICES THAT THE ANESTHESIOLOGIST ASSISTANT IS PERFORMING
56 INCLUDING BUT NOT LIMITED TO A PRE-ANESTHETIC EXAMINATION AND EVALU-

1 ATION, PRESCRIBING THE ANESTHESIA, INCLUDING POST-OPERATIVE MEDICATIONS
2 AS NEEDED FOR PAIN AND DISCOMFORT, INCLUDING NAUSEA AND VOMITING, AND
3 SHALL BE IMMEDIATELY AVAILABLE DURING THE ENTIRE PERI-OPERATIVE PERIOD
4 FOR DIAGNOSIS, TREATMENT, AND MANAGEMENT OF ANESTHESIA-RELATED COMPLI-
5 CATIONS OR EMERGENCIES, AND ASSURE THE PROVISION OF INDICATED POST-AN-
6 ESTHESIA CARE.

7 2. LICENSURE. FOR ISSUANCE OF A LICENSE TO PRACTICE AS A LICENSED
8 ANESTHESIOLOGIST ASSISTANT THE APPLICANT SHALL FULFILL THE FOLLOWING
9 REQUIREMENTS:

10 (A) APPLICATION: FILE AN APPLICATION WITH THE DEPARTMENT WHICH SHALL
11 BE IN SUCH FORM AS PROVIDED BY THE COMMISSIONER;

12 (B) AGE: BE AT LEAST TWENTY-ONE YEARS OF AGE AND OF GOOD MORAL CHARAC-
13 TER;

14 (C) EDUCATION:

15 (I) HAVE OBTAINED A BACHELOR'S OR HIGHER DEGREE APPROVED BY THE BOARD
16 OF MEDICINE;

17 (II) HAVE SATISFACTORILY COMPLETED AN ANESTHESIOLOGIST ASSISTANT
18 PROGRAM THAT IS ACCREDITED BY THE COMMISSION ON ACCREDITATION OF ALLIED
19 HEALTH EDUCATION PROGRAMS OR BY A PREDECESSOR OR SUCCESSOR ENTITY;

20 (III) PASSED THE CERTIFYING EXAMINATION ADMINISTERED BY AND OBTAINED
21 ACTIVE CERTIFICATION FROM THE NATIONAL COMMISSION ON CERTIFICATION OF
22 ANESTHESIOLOGIST ASSISTANTS OR A SUCCESSOR ENTITY; AND

23 (IV) BIENNIALLY COMPLETE FORTY HOURS OF CONTINUING MEDICAL EDUCATION
24 OR HOLD A CURRENT CERTIFICATE ISSUED BY THE NATIONAL COMMISSION ON
25 CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS OR ITS SUCCESSOR; AND

26 (D) FEES: PAY TO THE DEPARTMENT A FEE OF ONE HUNDRED SEVENTY-FIVE
27 DOLLARS FOR INITIAL LICENSURE AND A TRIENNIAL REGISTRATION FEE OF ONE
28 HUNDRED FIFTY-FIVE DOLLARS.

29 3. USE OF TITLE. ONLY A PERSON LICENSED UNDER THIS SECTION SHALL USE
30 THE TITLE "ANESTHESIOLOGIST ASSISTANT" OR USE THE LETTERS "A.A." AFTER
31 HIS OR HER NAME.

32 4. PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS. THE PRACTICE OF ANESTH-
33 ESIOLOGIST ASSISTANTS LICENSED UNDER THIS SECTION SHALL:

34 (A) INCLUDE THE ADMINISTRATION OF ANESTHESIA TO A PATIENT BUT ONLY
35 UNDER THE SUPERVISION OF AN ANESTHESIOLOGIST WHO IS IMMEDIATELY AVAIL-
36 ABLE;

37 (B) EACH ANESTHESIOLOGIST WHO AGREES TO ACT AS THE SUPERVISING ANESTH-
38 ESIOLOGIST OF AN ANESTHESIOLOGIST ASSISTANT SHALL ADOPT A WRITTEN PRAC-
39 TICE PROTOCOL WHICH DELINEATES THE SERVICES THAT THE ANESTHESIOLOGIST
40 ASSISTANT IS AUTHORIZED TO PROVIDE AND THE MANNER IN WHICH THE ANESTHE-
41 SIOLOGIST WILL SUPERVISE THE ANESTHESIOLOGIST ASSISTANT. THE ANESTHE-
42 SIOLOGIST SHALL BASE THE PROVISIONS OF THE PROTOCOL ON CONSIDERATION OF
43 RELEVANT QUALITY ASSURANCE STANDARDS, INCLUDING REGULAR REVIEW BY THE
44 ANESTHESIOLOGIST OF THE MEDICAL RECORDS OF THE PATIENTS OF THE ANESTHE-
45 SIOLOGIST ASSISTANT. THE SUPERVISING ANESTHESIOLOGIST SHALL SUPERVISE
46 THE ANESTHESIOLOGIST ASSISTANT IN ACCORDANCE WITH THE TERMS OF THE
47 PROTOCOL UNDER WHICH THE ASSISTANT PRACTICES AND THE RULES FOR SUPER-
48 VISION OF ANESTHESIOLOGIST ASSISTANTS; AND

49 (C) BE CONSISTENT WITH POLICIES AND PROCEDURE APPROVED BY THE MEDICAL
50 STAFF AND GOVERNING STAFF OF THE HEALTH CARE FACILITY OR FREE STANDING
51 AMBULATORY SURGICAL CENTER DEFINED UNDER ARTICLE TWENTY-EIGHT OF THE
52 PUBLIC HEALTH LAW WHERE APPLICABLE.

53 5. AN INDIVIDUAL WHO IS DULY ENROLLED IN A PROGRAM OF EDUCATIONAL
54 PREPAREDNESS TO BECOME AN ANESTHESIOLOGIST ASSISTANT MAY ADMINISTER
55 ANESTHESIA TO A PATIENT BUT ONLY UNDER THE DIRECT PERSONAL SUPERVISION
56 OF AN ANESTHESIOLOGIST.

1 6. THE COMMISSIONER IS AUTHORIZED AND DIRECTED TO PROMULGATE REGU-
2 LATIONS TO IMPLEMENT THE PROVISIONS OF THIS SECTION.

3 S 2. This act shall take effect on the first of the twelfth month
4 which commences after this act shall have become a law; provided, howev-
5 er, that effective immediately, the addition, amendment and/or repeal of
6 any rule or regulation necessary for the implementation of this act on
7 its effective date is authorized and directed to be made and completed
8 on or before such effective date.