

SENATE BILL REPORT

SB 5605

As of January 17, 2022

Title: An act relating to licensure of anesthesiologist assistants.

Brief Description: Concerning licensure of anesthesiologist assistants.

Sponsors: Senators Rivers and Rolfes.

Brief History:

Committee Activity: Health & Long Term Care: 1/17/22.

Brief Summary of Bill

- Establishes anesthesiologist assistant as a new health profession licensed by the secretary of the Department of Health.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Staff: Julie Tran (786-7283)

Background: The Department of Health (DOH) certifies, licenses, and regulates health professions in Washington State. Most of these health professions are governed by a board, commission, or advisory committee which are supported by DOH. Each health profession's scope of practice is defined in law, and must fully cover the costs of its licensing and disciplining activities through fees for licensing, renewal, registration, certification, and examination. All health professions are subject to the Uniform Disciplinary Act (UDA). Under the UDA, DOH or a professional board or commission may take disciplinary action against an individual licensed as a health professional for unprofessional conduct. Disciplining actions include fines, license revocations, and practice restrictions.

Anesthesiologist assistants are individuals qualified to provide anesthetic care under the direction and supervision of an anesthesiologist as part of an anesthesia care team. Anesthesiologist assistants cannot work in Washington because the scope of practice

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requires a health care license to perform. In December 2021, DOH issued a sunrise review related to a proposal to license anesthesiologist assistants. In the review, DOH found the proposal to meet the sunrise criteria to demonstrate it protects the public from harm, ensures adequate education and training, and is the most cost-effective option. DOH recommends in favor of the proposal if the suggested changes to increase patient safety are addressed.

Summary of Bill: A license is created for anesthesiologist assistants in Washington and establishes it as a new health profession to be regulated by the secretary of DOH.

To receive a license as an anesthesiologist assistant, an applicant must:

- pay a fee;
- file an application detailing the education, training, and experience of the applicant;
- have completed an accredited anesthesiologist assistant program approved by the Washington Medical Commission (WMC) and within one year, successfully pass the examination approved by the WMC; and
- be physically and mentally capable of practicing as an anesthesiologist assistant with reasonable skill and safety.

Anesthesiologist assistants may practice medicine and assist in developing and implementing anesthesia care plans for patients under the supervision of an anesthesiologist or group of anesthesiologists approved by the WMC to supervise such assistants.

Duties and Responsibilities. Anesthesiologist assistants may perform certain duties and responsibilities delegated by the supervising anesthesiologist. Those duties include but are not limited to:

- assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes, all to be cosigned by the supervising physician within 24 hours;
- administering and assisting with preoperative consultations;
- under the supervising physician's consultation and direction, order perioperative pharmaceutical agents, medications, fluids, oxygen therapy, to be used only at the facility where ordered, including, but not limited to, controlled substances, which may be administered prior to the supervising physician's cosignature;
- changing or discontinuing a medical treatment plan after consultation with the supervising physician;
- obtaining informed consent for anesthesia or related procedures;
- calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors, in consultation with an anesthesiologist;
- assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;
- assisting with the basic and advanced airway interventions including, but not limited to, endotracheal intubation, laryngeal mask insertion, and other advanced airways techniques;
- establishing peripheral intravenous lines as well as radial and dorsalis pedis arterial

- lines and central lines;
- assisting with general anesthesia, which includes induction, maintenance, emergence, and procedures associated with general anesthesia such as, but not limited to, gastric intubation;
- administering intermittent vasoactive drugs and starting and titrating vasoactive infusions for the treatment of patient responses to anesthesia;
- assisting with epidural, spinal, and intravenous regional anesthesia;
- maintaining and managing established neuraxial and regional anesthesia;
- assisting with monitored anesthesia care;
- evaluating and managing patient controlled analgesia, epidural catheters, and peripheral nerve catheters;
- obtaining venous and arterial blood samples;
- assisting with, ordering and interpreting appropriate preoperative, point of care, intraoperative, or postoperative diagnostic tests or procedures as authorized by the supervising anesthesiologist;
- obtaining and administering perioperative anesthesia and related pharmaceutical agents, including intravenous fluids and blood products;
- participating in management of the patient while in the preoperative suite and recovery area;
- providing assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;
- participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and
- assisting with such other tasks not prohibited by law under the supervision of a licensed anesthesiologist that an anesthesiologist assistant has been trained and is proficient to assist with.

An anesthesiologist assistant may sign and attest to any certificates, cards, forms, or other required documentation that the anesthesiologist assistant's supervising anesthesiologist may sign, if it is within the anesthesiologist assistant's scope of practice.

A person may not practice as an anesthesiologist assistant or use the title certified anesthesiologist assistant or anesthesiologist assistant, or C.A.A. or A.A., if the person does not have a license granted by the WMC.

Anesthesiologist assistants are subject to the Uniform Disciplinary Act. The WMC must consult with the board of osteopathic medicine and surgery when investigating allegations of unprofessional conduct against a licensee who has a supervising anesthesiologist.

Washington Medical Commission. The WMC must set:

- qualifications, educational, and training requirements for licensure as an anesthesiologist assistant, which includes completion of an anesthesiologist assistant program accredited by the WMC on accreditation of allied health education programs and, within one year, passing an examination administered by the national

commission for the certification of anesthesiologist assistants or other examination approved by the WMC;

- requirements for temporary licenses, which cannot be issued for a period longer than one year, for any applicant who successfully completes an anesthesiologist assistant program accredited by the WMC on accreditation of allied health education programs, but has not passed a certification examination;
- requirements and limitations on the practice by and supervision of anesthesiologist assistants, including the number of anesthesiologist assistants an anesthesiologist may supervise concurrently, as a physician may not concurrently supervise more than four specific, individual anesthesiologist assistants at any one time; and
- rules for the arrangement of other anesthesiologists to serve as backup or on-call supervising anesthesiologist for multiple anesthesiologist assistants.

Supervising Anesthesiologists. No anesthesiologist who supervises a licensed anesthesiologist assistant is considered as aiding and abetting an unlicensed person to practice medicine in accordance with and within the terms of any permission granted by the WMC. The supervising anesthesiologist and anesthesiologist assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine when performed by the anesthesiologist assistant.

"Supervision" means the immediate availability of the medically directing anesthesiologist for consultation and direction of the activities of the anesthesiologist assistant. A medically directing anesthesiologist is immediately available if they are in physical proximity that allows the anesthesiologist to reestablish direct contact with the patient to meet medical needs and any urgent or emergent clinical problems.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: At a time when health care procedures are being delayed due to workforce shortages and pandemic concerns, it is prudent to consider a solution that adds to the health care workforce in specialized fields such as anesthesiology purely from a patient access concern. Anesthesiologist assistants (AAs) can be a part of the long-term solution to help end our healthcare staffing crisis. AAs are trained extensively in delivering anesthesia care and advanced patient monitoring techniques. There is no evidence that care provided by an AA is less safe than care provided by a certified registered nurse anesthetist (CRNA). The two specialties function equivalently in the anesthesia care team. This bill gives hospitals and anesthesiologist another option for hiring highly trained anesthetists that practice in the health care system.

CON: This bill, creating a new anesthesia provider who must be supervised, will not increase access to care and it will be costly to our patients. We do not need five providers for four patients. This is a costly model. Critical access hospitals cannot afford to pay two providers for the job of one. AAs will not improve the access to care for rural communities. CRNAs administer anesthesia independently across the state of Washington and they are not required to be supervised by anesthesiologists. There are bridge programs that would train AAs to obtain CRNA licenses and then those individuals can practice in Washington State as licensed CRNAs. We need more independent providers, not supervised providers. More CRNAs, not AAs will expand access to care and keep our rural hospitals open.

OTHER: There are not many physician assistants (PAs) providing high levels of anesthesia. This bill would provide opportunities for new AA licenses and also, opportunities for PAs. There is interest from PAs who previously practiced in Washington to return if the state licensed AAs or allows licensed PAs to specialize in anesthesiology. In the past, bridge programs have allowed PAs to specialize in anesthesiology and this could be a future potential opportunity for the state as it would allow multiple providers to receive training and help meet the community needs for anesthesia care.

Persons Testifying: PRO: Senator Ann Rivers, Prime Sponsor; Tim Clement, Washington State Society of Anesthesiologists; Laura Knoblauch, American Academy of Anesthesiologist Assistants; Sarah Brown, Washington Academy of Anesthesiologist Assistants; Micah Matthews, Washington Medical Commission.

CON: Darryl Duvall, Washington Association of Nurse Anesthetists; Scot Pettey, Washington Association of Nurse Anesthetists; Kelli Camp, Washington Association of Nurse Anesthetists; Ashley Fedan, Washington Association of Nurse Anesthetists.

OTHER: Chelsea Hager, Washington Academy of Physician Assistants.

Persons Signed In To Testify But Not Testifying: No one.