

DRAFT

SUMMARY

Provides for licensing and regulation of anesthesiologist assistants.
Becomes operative January 1, 2017.
Declares emergency, effective on passage.

A BILL FOR AN ACT

Relating to anesthesiologist assistants; and declaring an emergency.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Sections 2 to 10 of this 2016 Act are added to and made a part of ORS chapter 677.

SECTION 2. As used in sections 2 to 10 of this 2016 Act:

(1) “Anesthesiologist” has the meaning given that term in ORS 678.245.

(2) “Anesthesiologist assistant” means an individual who is licensed under section 5 or 8 of this 2016 Act.

(3) “Anesthesiologist organization” means a collective of anesthesiologists.

(4) “Drug” has the meaning given that term in ORS 689.005.

(5) “Practice protocol” means a written agreement between an anesthesiologist assistant and an anesthesiologist or anesthesiologist organization.

SECTION 3. (1) Except as provided in this section and section 4 of this 2016 Act, an anesthesiologist assistant may, under the supervision of an anesthesiologist or anesthesiologist organization, develop and implement an anesthesia care plan for a patient if the anesthesiologist

1 or, if the anesthesiologist assistant is under the supervision of an
2 anesthesiologist organization, each anesthesiologist who is part of the
3 anesthesiologist organization:

4 (a) Is in good standing with the Oregon Medical Board; and

5 (b) Is certified in anesthesiology as prescribed by the board by rule.

6 (2) An anesthesiologist assistant may not:

7 (a) Prescribe drugs;

8 (b) Administer a drug, device or therapy unless the anesthesiologist
9 who supervises the anesthesiologist assistant, or an anesthesiologist
10 who is part of the anesthesiologist organization that supervises the
11 anesthesiologist assistant, is authorized to prescribe the drug, device
12 or therapy;

13 (c) Develop or implement an anesthesia care plan at a location
14 where an anesthesiologist is not available for consultation, assistance
15 and intervention; or

16 (d) Use the title “doctor,” “doctor of optometry,” “physician,”
17 “optometric physician” or “podiatric physician” or any other title that
18 identifies the anesthesiologist assistant as a person licensed to practice
19 medicine or podiatry.

20 (3) The board may adopt rules establishing:

21 (a) The health care services that an anesthesiologist assistant may
22 provide; and

23 (b) The requirements for supervising an anesthesiologist assistant.

24 (4) A health care facility, as defined in ORS 442.015, may limit the
25 scope of health care services authorized under this section.

26 SECTION 4. (1) An anesthesiologist assistant may not develop or
27 implement an anesthesia care plan for a patient as described in section
28 3 (1) of this 2016 Act unless the anesthesiologist assistant enters into
29 a practice protocol. The practice protocol must:

30 (a) Be consistent with sections 2 to 10 of this 2016 Act and the rules
31 adopted under sections 2 to 10 of this 2016 Act.

(b) Include the name, contact information and license number of the anesthesiologist assistant and the anesthesiologist or, if the anesthesiologist assistant is under the supervision of an anesthesiologist organization, an anesthesiologist designated by the anesthesiologist organization.

(c) Describe each setting and facility in which the anesthesiologist assistant will provide health care services.

(d) Describe the health care services that the anesthesiologist assistant is authorized by the Oregon Medical Board to provide.

(e) Describe the manner in which the anesthesiologist or anesthesiologist organization will supervise the anesthesiologist assistant.

(f) Incorporate quality assurance standards, including regular review by the anesthesiologist or anesthesiologist organization of the medical records of each patient for whom an anesthesiologist assistant provides health care services.

(g) Include a statement, signed by the anesthesiologist assistant and the anesthesiologist or, if the anesthesiologist assistant is under the supervision of an anesthesiologist organization, signed by the anesthesiologist assistant and the anesthesiologist designated under paragraph (b) of this subsection, certifying that the anesthesiologist assistant and the anesthesiologist or, if the anesthesiologist assistant is under the supervision of an anesthesiologist organization, that the anesthesiologist assistant and each anesthesiologist who is part of the anesthesiologist organization are in full compliance with the provisions of this chapter and rules adopted under this chapter that govern the practice of anesthesiologist assistants.

(h) Acknowledge that violation of the provisions of this chapter, or rules adopted under this chapter that govern the practice of anesthesiologist assistants, may subject the anesthesiologist assistant and the anesthesiologist or, if the anesthesiologist assistant is under

1 the supervision of an anesthesiologist organization, the
2 anesthesiologist assistant and the anesthesiologist designated under
3 paragraph (b) of this subsection to discipline.

4 (i) Be signed by the anesthesiologist assistant and the
5 anesthesiologist or, if the anesthesiologist assistant is under the
6 supervision of an anesthesiologist organization, by the anesthesiologist
7 assistant and the anesthesiologist designated under paragraph (b) of
8 this subsection.

9 (2) An anesthesiologist or anesthesiologist organization shall pro-
10 vide the board with a copy of the practice protocol within 10 days after
11 an anesthesiologist assistant begins practice with the anesthesiologist
12 or anesthesiologist organization. The anesthesiologist or
13 anesthesiologist organization shall keep a copy of the practice protocol
14 at the location of the practice and shall make this copy available to
15 the board for inspection upon request. If the board requests a meeting
16 with an anesthesiologist or anesthesiologist organization to discuss a
17 practice protocol, the anesthesiologist or an anesthesiologist desig-
18 nated by the anesthesiologist organization must comply with the re-
19 quest.

20 (3) An anesthesiologist who is not part of an anesthesiologist or-
21 ganization may supervise only four or fewer anesthesiologist assistants
22 at any one time.

23 SECTION 5. (1)(a) To obtain a license as an anesthesiologist assist-
24 ant, an applicant shall:

25 (A) Apply to the Oregon Medical Board in a manner prescribed by
26 the board by rule; and

27 (B) Pay a license fee adopted by the board by rule.

28 (b) An application submitted under this subsection must include
29 proof that the applicant:

30 (A) Has graduated from an anesthesiologist assistant program ac-
31 credited by the Commission on Accreditation of Allied Health Educa-

tion Programs or its successor organization;

(B) Has passed the certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(C) Is certified by the National Commission for Certification of Anesthesiologist Assistants or its successor organization;

(D) Is in compliance with the applicable provisions of this chapter and rules adopted under this chapter that govern the practice of anesthesiologist assistants, as identified by the board; and

(E) Is of good moral character.

(2) Upon approval of an application, the board shall issue to the applicant a license to practice as an anesthesiologist assistant.

(3) A license may be renewed by applying to the board in a manner prescribed by the board by rule and paying a renewal fee adopted by the board by rule.

(4) The board may issue a temporary license to practice as an anesthesiologist assistant to an applicant who has not taken the certifying examination described in subsection (1)(b)(B) of this section or who has not received the results of the examination. The board shall adopt rules for the issuance and expiration of a temporary license under this subsection.

(5) The board may not adopt fees under this section that exceed the cost of administering sections 2 to 10 of this 2016 Act.

SECTION 6. (1) An anesthesiologist assistant may apply to the Oregon Medical Board for an inactive license. An inactive license may be obtained by applying to the board in a manner prescribed by the board by rule and paying a fee adopted by the board by rule. An anesthesiologist assistant who holds an inactive license may not develop or implement an anesthesia care plan for a patient as described in section 3 (1) of this 2016 Act.

(2) An anesthesiologist assistant who holds an inactive license is

1 not required to comply with the requirements for continuing education
2 adopted by the board under section 9 of this 2016 Act.

3 (3) To reactivate a license issued under section 5 of this 2016 Act,
4 an anesthesiologist assistant who holds an inactive license shall make
5 an application to the board in the manner prescribed under section 5
6 (1) of this 2016 Act, except that an anesthesiologist assistant who has
7 held an inactive license for five years or less is not required to take
8 the certifying examination described in section 5 (1)(b)(B) of this 2016
9 Act.

10 SECTION 7. (1) An anesthesiologist assistant who retires from
11 practice shall file with the Oregon Medical Board an affidavit attesting
12 to the retirement in a manner prescribed by the board by rule. An
13 anesthesiologist assistant who is retired from practice may not develop
14 or implement an anesthesia care plan for a patient as described in
15 section 3 (1) of this 2016 Act.

16 (2) An anesthesiologist assistant who is retired from practice is not
17 required to comply with the requirements for continuing education
18 adopted by the board under section 9 of this 2016 Act.

19 (3) To resume practice as an anesthesiologist assistant, an
20 anesthesiologist assistant who is retired from practice shall apply to
21 the board in a manner prescribed by the board by rule and pay a fee
22 adopted by the board by rule.

23 SECTION 8. The Oregon Medical Board shall issue a license to
24 practice as an anesthesiologist assistant to an applicant who is li-
25 censed as an anesthesiologist assistant in another state or territory
26 of the United States or the District of Columbia, and who has not been
27 disciplined by the licensing authority in the other state or territory
28 or the District of Columbia, if:

29 (1) The licensing requirements of the other jurisdiction are sub-
30 stantially similar to the licensing requirements of this state; and

31 (2) The applicant pays a fee adopted by the board by rule.

SECTION 9. The Oregon Medical Board shall adopt by rule requirements for the continuing education of an anesthesiologist assistant consistent with those established by the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

SECTION 10. (1) There is established within the Oregon Medical Board the Anesthesiologist Assistants Advisory Committee.

(2) The board shall appoint the following five members to serve on the committee:

(a) A member of the board;

(b) From among three persons nominated by the Oregon Society of Anesthesiologists or its successor organization, two members who are licensed anesthesiologists;

(c) From among three persons nominated by the Oregon Society of Anesthesiologists or its successor organization, one member who is a licensed anesthesiologist assistant; and

(d) A member of the public.

(3) Each member appointed to the committee must be a resident of this state.

(4) The committee shall make recommendations to the board on the adoption of rules under sections 2 to 10 of this 2016 Act and other matters relating to the scope of practice, and promotion of the continuing role, of anesthesiologist assistants in this state.

(5) The term of office of each member of the committee is three years, but a member serves at the pleasure of the board. Before the expiration of the term of a member, the board shall appoint a successor whose term begins on January 1 next following. A member is eligible for reappointment. If there is a vacancy for any cause, the board shall make an appointment to become immediately effective for the unexpired term.

(6) A majority of the members of the committee constitutes a quo-

rum for the transaction of business.

(7) Official action by the committee requires the approval of a majority of the members of the committee.

(8) The committee shall elect one of its members to serve as chairperson.

(9) The committee shall meet at times and places specified by the call of the chairperson or of a majority of the members of the committee.

(10) The committee may adopt rules necessary for the operation of the committee.

(11) A member of the committee is entitled to compensation and expenses as provided in ORS 292.495.

SECTION 11. Notwithstanding the term of office specified in section 10 of this 2016 Act, of the members first appointed to the Anesthesiologist Assistants Advisory Committee:

(1) One shall serve for a term ending January 1, 2019;

(2) Two shall serve for a term ending January 1, 2020; and

(3) Two shall serve for a term ending January 1, 2021.

SECTION 12. (1) Sections 1 to 11 of this 2016 Act become operative on January 1, 2017.

(2) The Oregon Medical Board may take any action before the operative date specified in subsection (1) of this section to enable the board to exercise, on and after the operative date specified in subsection (1) of this section, all of the duties, functions and powers conferred on the board by sections 1 to 11 of this 2016 Act.

SECTION 13. This 2016 Act being necessary for the immediate preservation of the public peace, health and safety, an emergency is declared to exist, and this 2016 Act takes effect on its passage.