

Georgia Occupational Regulation
Review Council

Senate Bill 643

Anesthesiologist Assistant Act

LC 54 0118

A Review of the Proposed Legislation

JULY 2022

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Executive Summary

As provided in O.C.G.A. §43-1A, the Georgia Occupational Regulation Review Council (Council) reviews all bills proposing licensure of a profession or business referred to by the chair of the legislative committee of reference. Accordingly, the Council, at the request of the chair of the Senate Committee on Health and Human Services, has reviewed Senate Bill 643, which implements the licensure and regulation of anesthesiologist assistants as state law.

During the course of this review, Council staff obtained information from the bill sponsor and the applicant group. The Council also set aside time for public comment at meetings.

O.C.G.A. §43-1A-6 requires the Council to consider certain criteria when determining the need for the regulation of a business or profession. For this review, the Council used these criteria to guide the development of findings related to the licensure and regulation of anesthesiologist assistants. The Council, with assistance from staff, developed the following findings during the course of this review:

- ❖ The practice of anesthesiologist assistants requires specialized training and specialized skills.
 - There is a need for specialized licensure of anesthesiologist assistants. Separating anesthesiologist assistants from physician assistants within the Georgia Composite Medical Board's licensing system will improve the standards of transparency for patients. This licensure will also lessen any confusion with regard to what qualifications a member of a medical care team has obtained.
 - There is a need for the maintenance of the standard of care required by anesthesiologist assistants. Physician assistants and anesthesiologist assistants have uniquely different levels of standard of care that they provide to patients. Specifying and maintaining these differences will allow the public to have greater confidence in their medical care team and the level of care that they are to receive.
 - Tracking disciplinary actions taken against anesthesiologist assistants will provide the public with necessary information that is currently available with other medically licensed professions within the Georgia Composite Medical Board.

Based on these findings, the Council recommends SB 643, LC 54 0118 pass as currently written. The vote was 7-0, with 2 members absent.

Georgia Occupational Regulation Review Council Membership

2022

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Georgia House of Representatives

Senator Ben Watson

Georgia State Senate

Introduction

Senate Bill (SB) 643 sponsored by Senator Hufstetler proposes the comprehensive regulation of anesthesiologist assistants through licensure with the Georgia Composite Medical Board. This report focuses on providing information concerning the nature of the legislation and presents an assessment of the need for the specialized licensure of anesthesiologist assistants within state law.

In conducting this review, the Georgia Occupational Regulation Review Council, referred to as the Council for the remainder of this report, solicited input from any interested party that wished to submit information or participate in the process. The applicant group, Peachtree Government Relations, submitted a questionnaire through its representative, Laura Norton. Peachtree Government Relations is a firm that lobbies for clients regarding state and local government matters. Among other clients, Peachtree Government Relations represents the Georgia Academy of Anesthesiologist Assistants. The questionnaire provided by the applicant group was helpful in presenting background information for the profession of anesthesiologist assistants.

In addition, the Council reached out to other potentially interested groups, including the Georgia Composite Medical Board, whose representatives presented at the first meeting to provide testimony on the agency's relevance to the bill. Council staff also performed additional analysis comparing state laws regarding anesthesiologist assistant licensing in other states to the proposed legislation in Georgia.

The Council provided representatives from interested parties with the opportunity to present information during Council meetings, either by verbal presentation and/or through written material. The Council posted meeting dates, times, and locations to the Office of Planning and Budget website (<https://opb.georgia.gov/georgia-occupational-regulation-review-council>).

Description of Proposed Legislation

SB 643 amends Chapter 34 of Title 43 of the Official Code of Georgia Annotated to propose the comprehensive regulation of anesthesiologist assistants through licensure with the Georgia Composite Medical Board. As proposed, this bill would remove anesthesiologist assistants from the same designation of physician assistants and create their own separate licensure. The bill provides for the following:

- ❖ Defines anesthesiologist assistants for the purposes of the bill;
- ❖ Authorizes the Georgia Composite Medical Board to license anesthesiologist assistants, regulate the conduct of anesthesiologist assistants, and collect a fee for licensure and renewal;

- ❖ Determines the requirements for licensure, which includes completing an application to the Georgia Composite Medical Board; completing an accredited training program approved by the Commission on Accreditation of Allied Health Education Programs; completing a certification examination approved by the National Commission for the Certification of Anesthesiologist Assistants; payment of a fee as prescribed by the board;
- ❖ Requires registration to be renewed every two years;
- ❖ Grants the Georgia Composite Medical Board the authority to impose sanctions on anesthesiologist assistants who violate the provisions in this bill;

A summary of the bill can be found in Appendix A and a complete copy of the bill is located in Appendix B.

Current Practices

Definition of an Anesthesiologist Assistant

In Senate Bill 643, an anesthesiologist assistant is defined as a person who is licensed to assist in the practice of medicine under the supervision of an anesthesiologist and who meets the requirements pursuant to Chapter 34 of Title 43 (lines 50-52). Anesthesiologist assistants are master's degree level non-physician anesthesia care providers and are certified by passing an examination from the National Commission for the Certification of Anesthesiologist Assistants. Anesthesiologist assistant's attend to patients before, during, and after the usage of anesthesia. Some responsibilities for anesthesiologist assistants include preparing the patient for inducement, assisting with cardiac life support, monitoring anesthesia levels, and managing diagnostic tests. Anesthesiologist assistants work in both hospitals and surgery centers where they are under the direct supervision of a supervising anesthesiologist.

Education Requirements

Currently, the only universities with an accredited anesthesiologist assistant master's program are the University of Colorado, Case Western Reserve University, Nova Southeastern University, South University, Emory University, Indiana University, University of Missouri, Northeast Ohio Medical University, and the Medical College of Wisconsin. These master's-level programs range from 24 to 28 months in duration and require a bachelor's degree with an emphasis on pre-med course work alongside laboratory experience. The minimum GPA for admission to accredited anesthesiologist assistant programs is a 3.0 out of 4.0. During this training, anesthesiologist assistants will complete well over 2,000 clinical hours in operating rooms of hospitals or surgery centers. Along with the clinical hours, anesthesiologist assistants spend 600 didactic hours while in their respective training program. ¹

¹ From the American Academy of Anesthesiologist Assistants webpage "Frequently Asked Questions"

To practice as an anesthesiologist assistant in the state of Georgia, one must be licensed by the Georgia Composite Medical Board and meet the qualifications provided by the board. Currently, the board regulates anesthesiologist assistants under the title of “physician anesthesiologist assistants”. Although anesthesiologist assistants have different responsibilities and training from physician assistants, they are classified under the same license. The requirements for licensure that are currently in place will not change under SB 643. The board requires that applicants have evidence of satisfactory completion of an accredited training program. The board uses the standards of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for deciding which programs shall be accepted. The board also requires that each applicant has earned a satisfactory score on an examination from the National Association for the Certification of Anesthesiologist Assistants (NACAA). The scope of practice for anesthesiologist assistants does not change under this bill.

Regulatory Body

The Georgia Composite Medical Board currently regulates anesthesiologist assistants and is listed as the regulatory body in SB 643. The Board has a history of licensing and regulating medically related occupations such as physician assistants, respiratory care professionals, and physicians through the Medical Practice Act. Under SB 643, the Board will now be designated by state law to grant, deny, revoke, and reinstate licenses solely pertaining to anesthesiologist assistants (lines 84-85). Applicants are eligible for a license following the submission of an application, mandatory fee, completion of a certification examination as prescribed by the National Association for the Certification of Anesthesiologist Assistants, and completion of an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs. The Board will investigate allegations of improper behavior, conduct hearings, and implement rules that oversee the practice of anesthesiologist assistants. The Board will establish a fee amount for both initial licenses and renewal licenses. Because the Board already regulates anesthesiologist assistants as physician assistants, they will be tasked with establishing a method of differentiating physician assistants from anesthesiologist assistants. Under SB 643, the Board’s authority and jurisdiction is unchanged.

The Issue and Potential for Harm

The potential for harm with regard to SB 643 and anesthesiologist assistants involves the public’s need for transparency and the constant maintaining of the standard of care given by anesthesiologist assistants. With physician assistants and anesthesiologist assistants being classified under the same license, there can be confusion with patients as to identifying who is qualified to undertake specific procedures. SB 643, as proposed, would set anesthesiologist assistants apart from physician assistants. With new identifiers that distinguishes between a PA and an AA, patients can have a greater certainty

with understanding who is serving them. The standard of care, while unchanged from what it currently is, will be better maintained under SB 643. As is currently the case, AAs do not have a comprehensive standard of care model bound by state code that is specifically for AAs. SB 643 will solidify the standard of care that AAs are to perform under by including these parameters into the state code.

With regard to other forms of potential harm, anesthesiologist assistants are already licensed and regulated by the Georgia Composite Medical Board. Because there is no change in the scope of practice or regulatory parameters for anesthesiologist assistants, this bill will not create new potential harms relating to the practice of anesthesiologist assistants.

Anesthesiologist Assistant Licensure in Other States

Council staff found fifteen states where licensure of anesthesiologist assistants occurs. These states are Alabama, Colorado, Florida, Georgia (not codified in state law), Indiana, Kentucky, Missouri, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Utah, Vermont, and Wisconsin. Washington D.C. and the territory of Guam also provide for the licensure of anesthesiologist assistants. All jurisdictions require the same curriculum and examination for licensure. Kansas, Michigan, Pennsylvania, and Texas provide for the practice of anesthesiology assistants on a delegated authority to physicians who are qualified. Anesthesiologist assistants who practice under delegated authority are still required to meet the nationally accredited training programs and examination. The American Society of Anesthesiologists defines delegated authority as follows:

It is well accepted in various medical specialties, including anesthesiology, that the board of medicine may grant a physician the authority to delegate tasks or duties related to the practice of medicine to qualified individuals so long as the physician: 1) remains ultimately responsible to the patient and 2) assures that the individual performing the tasks is qualified to do so.²

In Alabama, Georgia, and Kentucky anesthesiologist assistants are licensed to prescribe non-controlled substance while under the direct supervision of an anesthesiologist. According to the Georgia Academy of Anesthesiologist Assistants, Georgia has the most anesthesiologist assistants than any other state in the country. About one-third of the total number of practicing anesthesiologist assistants are based in Georgia. Anesthesiologist assistants are regulated and licensed through the state medical licensing board in each state and jurisdiction that allows for the practice of anesthesiologist assistants. Alabama, Kentucky, and North Carolina have annual renewal requirements to maintain a license with the state medical board. The other states and jurisdictions have biennial renewal requirements. License fees vary from state to state. The highest fee charge is Georgia and Kentucky which is \$300. The smallest

² <https://www.asahq.org/-/media/sites/asahq/files/public/resources/practice-management/tppm/integrating-anesthesiologist-assistants-into-your-practice.pdf>

fee charge is Missouri with \$25. The average fee amount for all states allowing for the practice of anesthesiologist assistants is \$187.

Most states have set within their state code a maximum limit of the number of anesthesiologist assistants allowed to be supervised concurrently by one anesthesiologist. Kentucky, South Carolina, Wisconsin, and the territory of Guam have a maximum of two anesthesiologist assistants for one supervising anesthesiologist. New Mexico and Washington D.C. both have a maximum of three anesthesiologist assistants being supervised per supervisor. Alabama, Colorado, Florida, Indiana, Missouri, North Carolina, and Georgia (as proposed in SB 643) have a maximum of four anesthesiologist assistants being supervised per supervisor.

Findings

Pursuant to O.C.G.A. § 43-1A-6, the Georgia Occupational Regulation Review Council must review bills under their consideration according to the following criteria:

- ❖ Whether the unregulated practice of the occupation may harm or endanger the health, safety, and welfare of citizens of this state and whether the potential for harm is recognizable and not remote;
- ❖ Whether the practice of the occupation requires specialized skill or training and whether the public needs and will benefit by assurances of initial and continuing occupational ability;
- ❖ Whether the citizens of this state are or may be effectively protected by other means;
- ❖ Whether the overall cost effectiveness and economic impact would be positive for citizens of this state; and
- ❖ Whether there are means other than state regulation to protect the interests of the state.

Based on this set of criteria, the Council has reviewed SB 643, which recommends the licensure of anesthesiologist assistants. In doing so, the Council developed the following findings:

There is a specific need for specialized licensure of anesthesiologist assistants.

Anesthesiologist assistants complete a very specific set of duties that contrast greatly from those of physician assistants. Having both of these practices classified under the same title can be confusing for patients seeking to identify the qualifications of certain members of a medical care team. Completely separating these two practices into their own respective entities within the Board will be beneficial for promoting transparency within the anesthesia profession.

Senate Bill 643 also focuses on maintaining the quality of care that is provided by anesthesiologist assistants by codifying these parameters into state law. Patients will be able to have greater confidence that the anesthesiologist assistants within their medical care team are providing the standard of care

required of them. Distinguishing the standards of care required of AAs and PAs will benefit patients and the public by openly showing which medical care team members are qualified for each phase in the overall care of a patient.

Separating the licensure of PAs and AAs will also allow the public to gain additional insight into the disciplinary actions that are taken against AAs specifically. Currently, the Georgia Composite Medical Board has the disciplinary action statistics for AAs combined with the PAs. This legislation will, in effect, provide a way for the public to view the level of disciplinary action against AAs. This new information will benefit the public and provide for more transparency with regard to the practice of anesthesiologist assistants.

Recommendation

Based on these findings, the Council recommends SB 643, LC 54 0118 pass as currently written. The vote was 7-0, with 2 members absent.

Appendix A: Summary of Proposed Legislation

Summary of SB 643

- This bill would amend Chapter 34 of Title 43 to implement certain licensing provisions for anesthesiologist assistants in the State of Georgia.
- This bill would delegate the authority for the regulating of anesthesiologist assistants to the Georgia Composite Medical Board. The Board shall review and decide the qualifications and fitness of all applicants pursuing a license in this practice. To achieve this effort, the Board will:
 - Grant, deny, revoke, and reinstate licenses
 - Investigate allegations of improper conduct by anesthesiologist assistants
 - Conduct hearings and informal interviews
 - Implement rules that govern the practice of anesthesiologist assistants
 - Retain authority over all licensees who partake in this practice
- The bill provides the following requirements for applicants:
 - Must be a graduate from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs
 - Completion of a certification examination as prescribed by the Board
 - Completion of the application as prescribed by the Board
 - Payment of the application fee as prescribed by the Board
- A license issued by the Board will be valid for a period of two years and must be renewed every other year by submitting a renewal application before the current license expires. Licensees are to be notified at least one month prior to expiration of their license.
- Anesthesiologist assistants who have been licensed by this Board will be required to practice under the supervision of an anesthesiologist. Anesthesiologists who are supervising can delegate the following authority to anesthesiologist assistants:
 - The authority to order controlled substances that have been approved by the Board
 - The authority to request, receive, and sign for professional samples and to distribute professional samples to patients
 - The authority to sign, certify, and endorse all documents relating to health care provided to a patient within his or her scope of authorized practice
- The Board will have all authority necessary to impose sanctions on anesthesiologist assistants who perform with improper conduct as specified in Code Section 43-34-8.
- Revoked licenses can be restored if an applicant applies in writing to the Board and demonstrates to the Board's satisfaction that the applicant is completely rehabilitated with respect to the conduct that was the basis for the revocation. The Board will consider criminality, recent conduct, and whether the applicant has made any necessary restitution to an aggrieved person.
- False representation as an anesthesiologist assistant without the proper license is a misdemeanor under this bill and upon conviction would lead to a fine of no more than \$1,000.00 or by imprisonment for no more than one year, or both.

- This bill will allow the Physician Assistants Advisory Committee to appoint an anesthesiologist assistant to the Board in an advisory capacity.

Appendix B: Complete Text of Senate Bill 643 (LC 54 0118)

A BILL TO BE ENTITLED

AN ACT

1 To amend Title 43 of the Official Code of Georgia Annotated, relating to professions and
2 businesses, so as to enact the "Anesthesiologist Assistant Act"; to provide for definitions; to
3 provide for powers and duties of the Georgia Composite Medical Board as they relate to
4 anesthesiologist assistants; to provide for licensure rules and requirements; to define the
5 scope of practice for anesthesiologist assistants; to provide for regulation of the profession;
6 to provide for rules and requirements for licensure reinstatement; to provide for penalties for
7 unauthorized practice; to provide for practice during emergencies; to provide for related
8 matters; to repeal conflicting laws; and for other purposes.

9 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

10 SECTION 1.

11 Title 43 of the Official Code of Georgia Annotated, relating to professions and businesses,
12 is amended in Chapter 34, relating to physicians, acupuncture, physician assistants, cancer
13 and glaucoma treatment, respiratory care, clinical perfusionists, and orthotics and prosthetics
14 practice, by revising paragraph (e) of Code Section 43-34-2, relating to creation of board,
15 members, physician assistants advisory committee, review of qualifications, and required
16 training, as follows:

17 "(e)(1) The board shall appoint a Physician Assistants Advisory Committee composed
18 of four physicians, at least two of whom shall be members of the board, and four licensed
19 physician assistants, who shall each serve for terms of office of two years and until their

20 successors are appointed and qualified. The committee shall review matters to come
21 before the board which relate to physician assistants, including, but not limited to,
22 applicants for physician assistant licensure and relicensure and education requirements
23 therefor, and proposed board regulations concerning physician assistants. The committee
24 shall periodically make recommendations to the board regarding matters reviewed. Each
25 member of the advisory committee shall be entitled to the same expense allowances,
26 mileage allowances, and reimbursement as members of the board as provided for in this
27 chapter.

28 (2) The committee shall appoint a physician assistant in an advisory capacity to the
29 board. The advisory person shall serve at the pleasure of the committee as an ex officio
30 adviser to the board in all matters relating to physician assistants and shall share in the
31 privileges and benefits of the board without a vote.

32 (3) The committee shall appoint an anesthesiologist assistant in an advisory capacity to
33 the board. The advisory person shall serve at the pleasure of the committee as an ex
34 officio adviser to the board in all matters relating to anesthesiologist assistants and shall
35 share in the privileges and benefits of the board without a vote."

36 SECTION 3.

37 Said title is further amended in said chapter by enacting a new article to read as follows:

38 "ARTICLE 13

39 43-34-320.

40 This article shall be known and may be cited as the 'Anesthesiologist Assistant Act.'

41 43-34-321.

42 As used in this article, the term:

43 (1) 'Alternate supervising anesthesiologist' means an anesthesiologist to whom a board

44 approved supervising anesthesiologist has delegated the responsibility of supervising an
45 anesthesiologist assistant and who agrees to supervise the anesthesiologist assistant for
46 the supervising anesthesiologist and who is on record with the board.

47 (2) 'Anesthesiologist' means a physician licensed pursuant to this chapter who has
48 completed a residency in anesthesiology approved by the American Board of
49 Anesthesiology or the American Osteopathic Board of Anesthesiology.

50 (3) 'Anesthesiologist assistant' means a person who has met the requirements of Code
51 Section 43-34-323 and is licensed to assist in the practice of medicine under the
52 supervision of an anesthesiologist.

53 (4) 'Assist' means personally performing those duties and responsibilities delegated by
54 the anesthesiologist.

55 (5) 'Certification examination' means the initial certifying examination approved by the
56 board for the certification of anesthesiologist assistants, which may include the
57 examination administered by the National Commission for the Certification of
58 Anesthesiologist Assistants or other national anesthesiologist assistant certifying agency
59 that has been reviewed and approved by the board.

60 (6) 'Immediately available' means that a supervising anesthesiologist is immediately
61 available if he or she is in physical proximity that allows the anesthesiologist to
62 reestablish direct contact with the patient to meet medical needs and any urgent or
63 emergent clinical problems. These responsibilities may also be met through coordination
64 among anesthesiologists of the same group or department.

65 (7) 'Job description' means a document, signed by the supervising anesthesiologist and
66 the anesthesiologist assistant whom the supervising anesthesiologist is supervising, in
67 which the supervising anesthesiologist delegates to that anesthesiologist assistant

68 authority to perform certain medical acts and which describes the professional
69 background and specialty of the supervising anesthesiologist; describes the qualifications,
70 including related experience of the anesthesiologist assistant; and includes a general
71 description of how the anesthesiologist assistant will be utilized in the practice. A job
72 description shall not be required to contain every activity the anesthesiologist deems the
73 anesthesiologist assistant qualified to perform but shall confine the activities of the
74 anesthesiologist assistant to those in the scope of practice of the supervising
75 anesthesiologist.

76 (8) 'Supervising anesthesiologist' means the anesthesiologist who has the primary
77 responsibility for supervising the practice of an anesthesiologist assistant pursuant to that
78 anesthesiologist assistant's job description.

79 (9) 'Supervision' means the availability of an anesthesiologist to delegate, coordinate,
80 direct, consult, and oversee the implementation of his or her intentions.
81 43-34-322.

82 (a) The board shall review and determine the qualifications and fitness of all persons
83 applying for a license to practice as an anesthesiologist assistant.

84 (b) The board shall:

85 (1) Grant, deny, revoke, and reinstate licenses;

86 (2) Investigate allegations regarding improper conduct by anesthesiologist assistants that
87 would be grounds for revocation of licensure;

88 (3) Conduct informal interviews and hearings;

89 (4) Adopt rules governing the practice of anesthesiologist assistants; and

90 (5) Retain jurisdiction over all licensees who receive temporary or full licenses under this
91 article, regardless of whether the license has expired or lapsed, or was relinquished during

92 or after any alleged occurrence of conduct.

93 43-34-323.

94 (a) A person shall not practice in this state as an anesthesiologist assistant or use the title

95 or otherwise represent that the person is a licensed anesthesiologist assistant or use the

96 credential abbreviations 'C.A.' or 'C.A.A.' without having a license granted by the board

97 pursuant to this article.

98 (b) The board may grant an anesthesiologist assistant license to an applicant who:

99 (1) Graduated from an anesthesiologist assistant program accredited by the Commission

100 on Accreditation of Allied Health Education Programs or its predecessor or successor

101 organization;

102 (2) Successfully completed a certification examination and that is or was certified as of

103 July 1, 2022;

104 (3) Completes an application form prescribed by the board; and

105 (4) Pays the required application fees as prescribed by the board in its rules.

106 (c) A license issued pursuant to this article, other than a temporary license, shall be valid

107 for a period of two years. A licensee shall renew the license every other year by

108 completing and submitting to the board a renewal application form as prescribed by the

109 board and the prescribed renewal fee before the current license expires. The board shall

110 provide renewal notices to licensees at least one month before the expiration date.

111 (d) The board may reinstate a lapsed license if the applicant pays a reinstatement fee as

112 prescribed by the board in rule and meets the requirements for initial licensure.

113 (e) Any person who has not successfully completed a certification examination may be

114 issued a temporary license by the board if such person:

115 (1) Completes a temporary license application;

116 (2) Pays the required temporary license fee as prescribed by the board in rule; and
117 (3) Has successfully completed a program with the Commission on Accreditation of
118 Allied Health Education Programs, or another board approved program for educating and
119 training anesthesiologist assistants.

120 Such person shall take the next available certification examination after receiving a
121 temporary license. A temporary license shall not be issued for a period of more than one
122 year and is subject to any other requirements the board adopts by rule.

123 43-34-324.

124 (a) This Code section shall not apply to persons who are enrolled in an anesthesiologist
125 assistant education program approved by the board.

126 (b) An anesthesiologist assistant may assist in the practice of medicine only under the
127 supervision of an anesthesiologist. The anesthesiologist assistant may perform only those
128 duties and responsibilities delegated to the anesthesiologist assistant by the supervising
129 anesthesiologist pursuant to a job description.

130 (c) The supervising anesthesiologist or an alternate supervising anesthesiologist shall be
131 allowed to supervise anesthesiologist assistants in a manner consistent with federal rules
132 or regulations for reimbursement for anesthesia services.

133 (d) The supervising anesthesiologist or an alternate supervising anesthesiologist shall be
134 immediately available to the anesthesiologist assistant such that the supervising
135 anesthesiologist or an alternate supervising anesthesiologist is able to intervene if needed
136 in the delivery of medical care.

137 (e) An anesthesiologist assistant's practice may not exceed his or her education, training,
138 or the scope of practice of the supervising anesthesiologist or an alternate supervising
139 anesthesiologist. A medical care task assigned by the supervising anesthesiologist or an

140 alternate supervising anesthesiologist to the anesthesiologist assistant may not be delegated
141 by the anesthesiologist assistant to another person.

142 (f) Nothing in this article shall prevent an anesthesiologist assistant from having access to
143 and being able to administer prescription drugs as directed by the supervising
144 anesthesiologist or an alternate supervising anesthesiologist.

145 43-34-325.

146 (a) A supervising anesthesiologist or an alternate supervising anesthesiologist may
147 delegate the authority contained in subparagraph (b) of this paragraph to an
148 anesthesiologist assistant in accordance with a job description.

149 (b) A supervising anesthesiologist or an alternate supervising anesthesiologist may
150 delegate to an anesthesiologist assistant:

151 (1) The authority to order controlled substances selected from a formulary of such drugs
152 established by the board and the authority to order dangerous drugs, medical treatments,
153 and diagnostic studies;

154 (2) The authority to request, receive, and sign for professional samples and to distribute
155 professional samples to patients. The office or facility at which the anesthesiologist
156 assistant is working shall maintain a general list of the professional samples approved by
157 the delegating anesthesiologist for request, receipt, and distribution by the
158 anesthesiologist assistant as well as a complete list of the specific number and dosage of
159 each professional sample and medication voucher received. Professional samples that are
160 distributed by an anesthesiologist assistant shall be so noted in the patient's medical
161 record. In addition to the requirements of this Code section, all professional samples
162 shall be maintained as required by applicable state and federal laws and regulations; and

163 (3) The authority to sign, certify, and endorse all documents relating to health care

164 provided to a patient within his or her scope of authorized practice, including, but not
165 limited to, documents relating to physical examination forms of all state agencies and
166 verification and evaluation forms of the Department of Human Services, the State Board
167 of Education, local boards of education, the Department of Community Health, and the
168 Department of Corrections; provided, however, that an anesthesiologist assistant shall not
169 have the authority to sign death certificates or assign a percentage of a disability rating.

170 (c) An anesthesiologist assistant authorized by a supervising anesthesiologist to order
171 controlled substances pursuant to this Code section is authorized to register with the United
172 States Drug Enforcement Administration.

173 43-34-326.

174 The board shall have all authority to impose on an anesthesiologist assistant any sanction
175 authorized under Code Section 43-34-8 upon a finding of any conduct specified in Code
176 Section 43-34-8.

177 43-34-327.

178 (a) The board may issue a new license to an anesthesiologist assistant whose license was
179 previously revoked by the board if the applicant applies in writing to the board and
180 demonstrates to the board's satisfaction that the applicant is completely rehabilitated with
181 respect to the conduct that was the basis for the revocation. In making its decision, the
182 board shall determine:

183 (1) Whether the applicant has engaged in any conduct during the revocation period that
184 would constitute a basis for revocation pursuant to rules adopted by the board;

185 (2) If a criminal conviction was a basis of the revocation, whether the applicant's civil
186 rights have been fully restored pursuant to statute or judicial or executive order;

187 (3) Whether the applicant has made restitution to any aggrieved person as ordered by a

188 court of competent jurisdiction; and

189 (4) Whether the applicant demonstrates any other standard of rehabilitation the board
190 determines is appropriate.

191 (b) Except as provided in subsection (c) of this Code section, a person shall not apply for
192 license reinstatement until two years after the date of revocation.

193 (c) If a license revocation was based on a conviction of a felony or an offense involving
194 moral turpitude and that conviction has been reversed on appeal, the board shall reverse its
195 previous order to revoke the license, and the anesthesiologist assistant may apply for
196 reinstatement as soon as the court enters its reversal.

197 (d) An application for reinstatement shall comply with all initial licensure requirements
198 prescribed by this article and rules adopted by the board pursuant to this article.

199 43-34-328.

200 Any person practicing as an anesthesiologist assistant or representing that he or she is an
201 anesthesiologist assistant without a license, or any person employing an unlicensed person
202 to practice as an anesthesiologist assistant, is guilty of a misdemeanor and upon conviction
203 shall be punished by a fine of not more than \$1,000.00 or by imprisonment for not more
204 than one year, or both. Each violation constitutes a separate offense for which the penalty
205 in this Code section may be assessed.

206 43-34-329.

207 (a) Notwithstanding any provision of this article to the contrary, an anesthesiologist
208 assistant licensed pursuant to this article or licensed, certified, or otherwise authorized to
209 practice in any other state or federal jurisdiction and whose license, certification, or
210 authorization is in good standing who responds to a need for medical care created by
211 conditions which characterize those of a state of emergency or public health emergency

212 may render such care that the anesthesiologist assistant is able to provide with such
213 supervision as is available at the immediate scene or at the local site where such need for
214 medical care exists or at a relief site established as part of a state or local safety plan
215 established pursuant to Chapter 3 of Title 38. Such services shall be provided by an
216 anesthesiologist assistant in response to the request of an appropriate state or local official
217 implementing a state or local emergency management plan or program, and in accordance
218 with applicable guidelines established by such officials or plans. The authority granted by
219 this Code section shall last no longer than 48 hours or such time as the board may establish
220 under guidelines for supervision of the anesthesiologist assistant rendering medical care.

221 (b) For the purposes of this Code section, the term 'public health emergency' has the same
222 meaning as in paragraph (6) of Code Section 38-3-3, and the term 'state of emergency' has
223 the same meaning as in paragraph (7) of Code Section 38-3-3."

224 SECTION 4.

225 All laws and parts of laws in conflict with this Act are repealed.

Appendix C: Fiscal Note for Senate Bill 643 (LC 54 0118)



DOAA
Georgia Department
of Audits & Accounts

Greg S. Griffin
State Auditor

July 26, 2022

Honorable Chuck Hufstetler
Chairman, Senate Finance
121-C State Capitol
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
Senate Bill (LC 54 0118)

Dear Chairman Hufstetler:

This bill would provide for the licensure of anesthesiologist assistants (AA), authorizing the Georgia Composite Medical Board (GCMB) to issue, suspend, deny, and renew licenses. It defines anesthesiologist assistants, determines requirements for licensure, and provides details on renewing the license. The bill also adds one board member to the Georgia Composite Medical Board.

Regulating the licensure of anesthesiologist assistants would require state funding of \$29,302 in the year implemented. Going forward, the funding required would be \$3,780 in annual per diem for an additional board member. Projected costs of the bill used the data and assumptions below.

- Temporary staff to process new AA applications (\$22,012) – All anesthesiologist assistants are licensed as physicians assistants (PA) in Georgia and would need to submit an application to change their licenses to AA from PA. Currently there are over 6,300 licensed physicians assistants in Georgia, and GCMB officials estimate approximately six months to process the applications.
- Telecommunications/computer charges for temporary staff (\$1,200) – Charges for six months of temporary staff

- Board per diem for new committee setup (\$2,310) – Board member per diems for initial set up of the anesthesiologist assistants license/committee. This amount could be lower if rule making activities are able to be combined with regular board meetings.
- Annual board per diem for new anesthesiologist assistant member (\$3,780)
- No additional costs are anticipated to add a new license type, and because the number of licensees is not expected to increase, current GCMB staffing levels should be sufficient to administer AA licensing.
- No additional software costs are expected as a result of adding the new AA license category or from ongoing operating for the AA category.
- No additional license fees are anticipated since AA's are already licensed as PA's.

The bill does not address implementation timing, but if the AA license were implemented at renewal, GCMB officials indicated that the need for a temporary staff person to process new AA licenses would not be necessary, saving \$23,212 in initial implementation costs. However, since the renewal cycle is two years, this type of implementation would occur over the longer, two-year period.

Respectfully,



Greg S. Griffin
State Auditor



Kelly Farr, Director
Office of Planning and Budget

GSG/KF/co