

**DEPARTMENT OF HEALTH
BOARD OF MEDICAL PRACTICE**

SECTION V. ANESTHESIOLOGIST ASSISTANTS RULES

PART 20 RULES REGARDING ANESTHESIOLOGIST ASSISTANTS

20.1 INTRODUCTION AND DEFINITIONS

Copies of the statutes concerning anesthesiologist assistants, Chapter 29 of Title 26 Vermont Statutes Annotated (VSA), are accessible online, and hard copies may be obtained from the Department of Health, Board of Medical Practice.

These Rules pertaining to anesthesiologist assistants are adopted under authority of current 26 VSA § 1652.

The words and phrases used in these Rules shall have the same meaning given to them at current 26 VSA § 1651.

These are rules specifically regarding the training, practice, supervision, qualification, scope of practice, places of practice, and protocols for anesthesiologist assistants, and patient notification and consent.

20.2 TRAINING AND QUALIFICATION

The eligibility requirements for certification as an anesthesiologist assistant are listed at current 26 VSA § 1654 and supplemented by these rules. The requirements for temporary certification are outlined at current 26 VSA § 1655 and supplemented by these rules.

Prior to being certified as an anesthesiologist assistant by the Board of Medical Practice, a person must be qualified by education, training, experience, and personal character to provide medical services under the direction and supervision of an anesthesiologist. The applicant must submit to the Board all information that the board considers necessary to evaluate the applicant's qualifications.

20.3 TRAINING AND QUALIFICATION; INITIAL CERTIFICATION

(a) An applicant for initial certification as an anesthesiologist assistant shall submit to the Board:

- (1) The Board's application form, completed in full;
- (2) A certified copy of his or her birth certificate;

(3) Verification of certification or licensure in all other states where the applicant is currently or ever was certified or licensed;

(4) Two reference forms including one from a recent supervising anesthesiologist and one from either another prior supervising anesthesiologist or, if the applicant is a recent graduate, from the director of the applicant's training program;

(5) Documentation of successful completion of a board-approved anesthesiologist assistant program as specified in 26 V.S.A. §1654(1);

(6) Documentation of satisfactory completion of the National Commission for the Certification of Anesthesiologist Assistants (NCCAA) certification examination, with current certification;

(7) Application by the applicant's proposed supervising anesthesiologist, including a statement that the supervising anesthesiologist shall be personally responsible for all professional activities of the anesthesiologist assistant;

(8) A protocol signed by the proposed supervising anesthesiologist;

(9) A copy of the anesthesiologist assistant's employment contract; and

(10) The required fee.

(b) Regarding any of the above items, except the required fee, the Board shall have the discretion to require additional information to make certain that the requirement has been met.

20.4 TRAINING AND QUALIFICATION; TEMPORARY CERTIFICATION

(a) The board may issue a temporary certification to an applicant who meets the educational requirements under 26 V.S.A. § 1654(1) if:

(1) The NCCAA certification examination has not been offered since the applicant became eligible to take it; or

(2) The applicant has taken the NCCAA certification examination one time but has not yet received the results of the examination.

(b) The holder of a temporary certification shall take and successfully pass the first available NCCAA examination. If the holder of a temporary certification does not take the examination, his or her temporary certification shall expire on the date of that examination. However, if the holder of a temporary certification can show that there was exceptional cause that prevented him or her from taking the examination, the Board may, in its discretion, and for good cause shown, renew the temporary certification until the date of the next available NCCAA examination.

(c) If the holder of a temporary certification takes the first available NCCAA examination but does not successfully pass it, his or her temporary certification shall expire on the day after he or she receives notice of the failure to pass the examination. In that case, the board shall not renew the temporary certification. The applicant may re-apply for certification only after having taken and passed the examination.

20.5 TRAINING AND QUALIFICATION; RENEWAL OF CERTIFICATION

(a) Certification shall be renewable every two years on submission of a completed renewal form provided by the board, payment of the required fee and submission of proof of current, active NCCAA certification.

(b) Lapsed licenses may be renewed under the provisions of 26 V.S.A. § 1656.

20.6 TRAINING AND QUALIFICATION; CHANGE OF CERTIFICATION

(a) The board shall be notified and the appropriate applications and documentation filed whenever:

- (1) The anesthesiologist assistant's protocol changes;
- (2) The anesthesiologist assistant will be working at a different or an additional accredited facility; or
- (3) The anesthesiologist assistant will be supervised by a new or an additional anesthesiologist.

(b) Documents already on file with the Board may be referred to and need not be resubmitted.

20.7 TRAINING AND QUALIFICATION; MORE THAN ONE SUPERVISING ANESTHESIOLOGIST

In any application for initial certification, temporary certification, renewal of certification or change of certification, if there is more than one anesthesiologist at an accredited facility who will supervise an anesthesiologist assistant, then, in addition to the information required to be submitted by these rules, a document signed by all anesthesiologists who will be supervising the anesthesiologist assistant shall be filed with the Board with the application. Additional supervising anesthesiologists may be added subsequent to the application, provided the supervising anesthesiologist files a signed document with the Board. In the document, the anesthesiologists shall affirm that each assumes responsibility for all professional activities of the anesthesiologist assistant while he or she is supervising the anesthesiologist assistant.

20.8 TRAINING AND QUALIFICATION; TERMINATION OF CERTIFICATION

If the supervisory relationship between the anesthesiologist and the anesthesiologist

assistant is terminated for any reason, each party must notify the Board directly and immediately in writing. The notice shall include the reasons for the termination. The anesthesiologist assistant shall cease practice until a new application is submitted by the supervising anesthesiologist and is approved by the Board.

20.9 PRACTICE

- (a) An anesthesiologist assistant shall perform only those tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for each patient as individually prescribed by the supervising anesthesiologist after that physician has completed a specific assessment of each patient. In determining which anesthetic procedures to assign to an anesthesiologist assistant, a supervising anesthesiologist shall consider all of the following:
- (1) The education, training and experience of the anesthesiologist assistant;
 - (2) The anesthesiologist assistant's scope of practice as defined in 26 VSA Chapter 29 and these rules;
 - (3) The conditions on the practice of the anesthesiologist assistant set out in the written practice protocol;
 - (4) The physical status of the patient according to the physical status classification system of the American Society of Anesthesiologists, as in effect at the time the assignment of procedures is made. The classification system is available from the American Society of Anesthesiologists and shall be posted on the Board's website;
 - (5) The invasiveness of the anesthetic procedure;
 - (6) The level of risk of the anesthetic procedure;
 - (7) The incidence of complications of the anesthetic procedure;
 - (8) The physical proximity of the supervising anesthesiologist and the anesthesiologist assistant or assistants he or she may be supervising concurrently; and
 - (9) The number of patients whose care is being supervised concurrently by the supervising anesthesiologist.
- (b) The supervising anesthesiologist retains responsibility for the anesthetic management in which the anesthesiologist assistant has participated.

20.10 SUPERVISION

- (a) A supervising anesthesiologist shall supervise an anesthesiologist assistant within the terms, conditions, and limitations set forth in a written practice protocol. Anesthesiologist supervision requires, at all times, a direct, continuing and close supervisory relationship between an anesthesiologist assistant and the supervising anesthesiologist.
- (b) Supervision does not, necessarily, require the constant physical presence of the supervising anesthesiologist; however, the anesthesiologist must remain readily available in the facility for immediate diagnosis and treatment of emergencies.
- (c) The supervising anesthesiologist shall be readily available for personal supervision and shall be responsible for pre-operative, intra-operative and post-operative care.
- (d) The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence.
- (e) The supervising anesthesiologist shall insure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the anesthesiologist assistant. All written entries shall be reviewed, countersigned, and dated by the supervising anesthesiologist. The supervising anesthesiologist's signature on the anesthetic record will fulfill this requirement for all written entries on the anesthetic record.
- (f) Nothing in this section shall prohibit the supervising anesthesiologist from addressing an emergency in another location in the accredited facility.

20.11 PROTOCOL AND SCOPE OF PRACTICE

- (a) At no time shall the scope of practice for the anesthesiologist assistant include procedures or treatments that the supervising anesthesiologist does not perform in his or her own practice.
- (b) The anesthesiologist assistant may assist the anesthesiologist in developing and implementing an anesthesia care plan for a patient. In so doing, the anesthesiologist assistant may, in the discretion of the anesthesiologist, do any of the following:
 - (1) Obtain a comprehensive patient history and present that history to the anesthesiologist who must conduct a pre-anesthesia interview and evaluation sufficient to confirm the anesthesiologist assistant's evaluation;
 - (2) Pretest and calibrate anesthesia delivery systems;
 - (3) Monitor, obtain and interpret information from the anesthesia delivery systems and anesthesia monitoring equipment;

- (4) Place medically accepted monitoring equipment;
- (5) Establish basic and advanced airway interventions, including intubations of the trachea and ventilatory support;
- (6) Administer vasoactive drugs and start and adjust vasoactive infusions;
- (7) Administer anesthetic drugs, adjuvant drugs and accessory drugs;
- (8) Administer regional anesthetics;
- (9) Administer blood, blood products and supportive fluids;
- (10) Participate in administrative activities and clinical teaching activities;
- (11) Provide assistance to cardiopulmonary resuscitation teams in response to life-threatening situations;
- (12) Prescribe peri-operative medications to be used in the accredited facility; and
- (13) Participate in research activities by performing the same procedures listed above.
- (14) Any other activity that the Board approves in a protocol to allow for changing technology or practices in anesthesiology.

20.12 PRESCRIPTIVE AUTHORITY

An anesthesiologist assistant shall not have authority to write prescriptions for medications that will be filled outside of the accredited facility in which he or she works.

20.13 PLACES OF PRACTICE

An anesthesiologist assistant shall work only in an accredited facility with the supervision of an anesthesiologist.

20.14 PATIENT NOTIFICATION AND CONSENT

Any physician, clinic, or hospital that uses the services of an anesthesiologist assistant must:

- (1) post a clear notice to that effect in a conspicuous place;
- (2) except in case of an emergency, include language in the patient consent form that the anesthesiologist may use an anesthesiologist assistant; and
- (3) require each anesthesiologist assistant to wear a name tag clearly indicating that he or she is an anesthesiologist assistant.