

FINAL BILL REPORT

SB 5184

C 362 L 24
Synopsis as Enacted

Brief Description: Concerning licensure of anesthesiologist assistants.

Sponsors: Senators Rivers, Cleveland, Braun, Dhingra, Mullet, Muzzall and Rolfes.

Senate Committee on Health & Long Term Care
House Committee on Health Care & Wellness

Background: Anesthesia is the use of medicines to prevent patients from feeling pain during health care procedures such as dental procedures, some screening and diagnostic procedures, and surgery. The medicines, known as anesthetics, may be administered by injection, inhalation, topical lotion, spray, eye drops, or skin patch. Anesthesia may be local anesthesia for a small part of the body, regional anesthesia for larger areas of the body where the patient may either be awake or sedated during the procedure, or general anesthesia which affects the whole body and the patient is unconscious and unable to move.

According to a Department of Health sunrise review from 2021, there are three primary health professions in Washington that may perform anesthesia on a general basis within their scopes of practice: physicians, advanced registered nurse practitioners, and physician assistants. For each of these professions, additional certifications and training may be required to perform certain types of anesthesia. Dentists and dental anesthesia assistants may perform anesthesia within the limits of rules adopted by the Dental Quality Assurance Commission.

The sunrise review analyzed a proposal to license anesthesiologist assistants as a new health profession in Washington State. The sunrise review found that the unregulated practice of anesthesiology can harm the public, the public can benefit from an assurance of professional ability, and the public cannot be protected by other, more cost-beneficial means, and, therefore, recommended in favor of the proposal with recommendations to assure public safety.

Summary: Anesthesiologist assistants are established as a new health profession licensed

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

by the Washington Medical Commission (Commission). The requirements to become an anesthesiologist assistant include:

- completing an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs;
- successfully completing an examination within one year of completing the education program;
- submitting proof of physical and mental capacity to practice; and
- paying any required fees.

Anesthesiologist assistants may assist in developing and implementing anesthesia care plans for patients under the supervision of anesthesiologists who have been approved by the Commission to supervise an anesthesiologist assistant.

Assists means the anesthesiologist assistant personally performs those duties and responsibilities delegated by the anesthesiologist. Delegated services must be consistent with the delegating physician's education, training, experience, and active practice. Delegated services must be of the type a reasonable and prudent physician would find within the scope of sound medical judgment to delegate.

Supervision means the immediate availability of the medically directing anesthesiologist for consultation and direction of the anesthesiologist assistant's activities. 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, and personally participating in the most demanding procedures, including inductions and emergence.

An anesthesiologist assistant may provide assistance according to responsibilities delegated by a supervising anesthesiologist, consistent with the anesthesiologist assistant's education, training, and experience. These responsibilities may include:

- assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes;
- administering and assisting with preoperative consultations;
- under the supervising physician's consultation and direction, order perioperative pharmaceutical agents, medications, and fluids;
- changing or discontinuing a medical treatment plan, after consultation with the supervising anesthesiologist;
- calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors;
- assisting with the implementation of medically accepted monitoring techniques and with monitored anesthesia care;
- assisting with basic and advanced airway interventions;
- establishing peripheral intravenous lines and radial and dorsalis pedis arterial lines;
- assisting with general anesthesia and procedures associated with general anesthesia;
- administering intermittent vasoactive drugs and starting and titrating vasoactive

- infusions;
 - assisting with spinal and intravenous regional anesthesia;
 - maintaining and managing established neuraxial epidurals and regional anesthesia;
 - evaluating and managing patient-controlled analgesia, epidural catheters, and peripheral nerve catheters;
 - obtaining blood samples;
 - performing duties related to preoperative, point of care, intraoperative, or postoperative diagnostic tests or procedures;
 - obtaining and administering perioperative anesthesia and related pharmaceutical agents;
 - participating in management of the patient while in the preoperative suite and recovery area; and
- assisting cardiopulmonary resuscitation teams in response to life-threatening situations.

An anesthesiologist assistant may not exceed the scope of the supervising anesthesiologist's practice. Anesthesiologist assistants may access and obtain drugs as directed by the supervising anesthesiologist. Anesthesiologist assistants may not prescribe, order, compound, or dispense drugs, medications, or devices.

The Commission must adopt rules regarding the practice and supervision of anesthesiologist assistants, including the number of anesthesiologist assistants that an anesthesiologist may supervise concurrently. Unless approved by the Commission, a physician may not concurrently supervise more than four specific, individual anesthesiologist assistants at any one time.

The supervising anesthesiologist and anesthesiologist assistant are responsible for actions that constitute the practice of medicine. Anesthesiologist assistants are subject to the Uniform Disciplinary Act and the Commission is the disciplining authority in any case of unprofessional conduct.

Votes on Final Passage:

Senate	37	12	
House	82	14	(House amended)
Senate	40	9	(Senate concurred)

Effective: June 6, 2024