Regulatory Advisory Panel on Anesthesiologist Assistants

Virginia Board of Medicine

January 23, 2026

9:00 a.m.

Virginia Department of Health Professions

Regulatory Advisory Panel on Anesthesiologist Assistants

Board of Medicine

Friday, January 23, 2026, at 9:00 a.m.

9960 Mayland Drive, Suite 201, Henrico, VA

Training Room 1

Call to Order – Mark Simcox, MD, Chair

Emergency Egress Procedures – Kathleen LaMotte

Roll Call – Kathleen LaMotte

Introduction of Members – William Harp, MD

Approval of Minutes from November 7, 2025 – Mark Simcox, MD

Adoption of the Agenda – Mark Simcox, MD

Public Comment on Agenda Items – Mark Simcox, MD

New Business

1. Continued Formulation of Draft Regulations – Erin Barrett/Matt Novak
2. Recommendations to the Legislative Committee and Full Board
    - Erin Barrett/Matt Novak
3. Next Steps – Mark Simcox, MD

Travel Reminder

Adjournment

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

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Training Room 1

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Board of Medicine

Regulatory Advisory Panel on Anesthesiologist Assistants

Friday, November 7, 2025
Perimeter Center, 9960 Mayland Drive, Suite 201, Board Room 2, Henrico, VA 23233

Call to Order and Roll Call

Dr. Mark Simcox called the meeting to order at 9:05 a.m.

Roll Call

Kathleen LaMotte called the roll. A quorum was declared.

Attendees:

- Mark Simcox, MD, (Anesthesiologist) - Chair, Board Member
- Dr. Sarah Reece-Stremtan, anesthesiologist at Children's National (DC) and Mary Washington
- Shane Angus, CAA, Executive Program Director, Case Western Reserve University School of Medicine
- Nicole Moore, CAA, Interim Co-Director of Didactic Education, Case Western Reserve University School of Medicine
- Meredith Joyner, CRNA, VANA Government Relations Committee Director
- Doug Heater, CRNA

DHP Staff Present:

- William Harp, MD - Executive Director, Board of Medicine
- Kathleen LaMotte - Board Administrator, Board of Medicine
- Jennifer Deschenes, JD - Deputy Executive Director for Discipline, Board of Medicine
- Erin Barrett, JD - Director for DHP Legislative and Regulatory Affairs
- Michael Sobowale, LLM - Deputy Executive Director for Licensure, Board of Medicine
- Colanthia Morton-Opher - Deputy Executive Director for Administration and Medical Licensure, Board of Medicine
- Matthew Novak – Agency Regulatory Coordinator

Members of the Public Present

Lauren Schmitt

Ryan Caruso

Cathy Harrison

Adrienne Hartgerink

Mark Hickman

Sarah Graham Taylor

Patrice Lewis

David Brown

Emergency Egress Procedures

Ms. LaMotte reviewed the emergency egress procedures for the Perimeter Center.

Introduction of Workgroup Members

Dr. Harp welcomed and thanked members for their participation. Each member introduced themselves and their roles.

Adoption of Agenda

A motion to adopt the agenda was made by Shane Angus, seconded by Meredith Joyner, and passed unanimously by a full show of hands.

Public Comment on Agenda Items

- **Lauren Schmitt**, representing the Virginia Society of Anesthesiologists, expressed enthusiasm for the expansion of the patient care team and urged the panel to move swiftly to implement regulations that would enhance access to care.
- **Ryan Caruso, CRNA**, raised concerns about liability and the supervision of AA students, particularly when they are placed in environments beyond their scope or experience.

- **Cathy Harrison, CRNA**, with over 24 years of experience providing anesthesia in dental offices, emphasized the differences between CRNAs and AAs, advocating for physician-led training for AA students to ensure safety and communication standards.
- **Adrienne Hartgerink**, **CRNA**, Director, Nurse Anesthesia Program at ODU, highlighted the importance of preserving clinical training sites for CRNA students, noting that CRNAs represent the largest anesthesia workforce in Virginia and are critical in rural and underserved areas.
- Ryan Caruso, CRNA, Cathy Harrison, CRNA and Adrienne Hartgerink, CRNA submitted written comments.

New Business

Overview of SB882 and Regulatory Process

Erin Barrett provided an overview of SB882, which establishes licensure for anesthesiologist assistants (AAs) in Virginia. She noted that unlike other allied health professions, the statute does not create an advisory board or define scope of practice or supervision. The regulatory process is in the NOIRA stage and is currently under Executive Branch review. Even with a change in administration, the process will continue. An optimistic timeline for final regulations is 2027.

A state comparison chart was distributed, outlining how other jurisdictions define scope of practice, supervision, and renewal requirements.

Scope of Practice

The panel reviewed how other states define AA scope of practice. Ohio and DC were noted for their comprehensive and flexible language, including catch-all provisions. Washington State provides a detailed list of procedures, while North Carolina uses a delegated authority model without a specific list.

Panel members discussed the implications of defining "assist" as "perform," and the importance of aligning regulatory language with real-world practice. There was consensus that Virginia should avoid overly rigid definitions and instead reflect the dynamic nature of anesthesia care.

> **Nicole Moore moved that Virginia adopt a scope of practice model similar to North Carolina's, allowing facilities discretion to define duties. Shane Angus**

seconded the motion. The vote was tied, with three members in favor and three opposed, so the motion did not carry.

Nicole Moore then proposed that the panel consider the Washington, DC regulations as a middle ground between prescriptive and flexible models. After discussion, Meredith Joyner moved that Virginia adopt a model similar to Washington DC's, emphasizing patient safety and providing a clear framework for a new profession. Doug Heater seconded the motion. The motion carried unanimously.

Supervision Ratios

The panel discussed various supervision models, including 2:1, 3:1, and 4:1 ratios. Members shared experiences from academic and private practice settings, noting that ratios often depend on patient acuity, case complexity, and institutional policy. The 4:1 ratio is derived from CMS guidelines and is commonly used for stable, long-duration cases.

There was strong support for codifying a supervision ratio to ensure patient safety and provide clarity for institutions, while still allowing flexibility.

Meredith Joyner moved that the regulations include a supervision ratio of one anesthesiologist to four anesthesiologist assistants (1:4). Dr. Sarah Reece-Stremtan seconded the motion. The motion carried unanimously.

Shane Angus moved that the regulations adopt the definition of "Direct Supervision" as meaning the supervising physician is physically present in the facility and immediately available to both the supervised individual and the patient. Nicole Moore seconded the motion. The motion passed with four members in favor and two opposed.

Enhanced Supervision for New Graduates

The panel discussed the Ohio model, which requires enhanced supervision for the first four years of practice. While some members felt this was excessive, there was general agreement that new graduates should receive closer oversight initially. A 1:1 ratio for the first few months was suggested as a best practice.

Licensure and Continuing Education

The panel reviewed draft language for initial licensure, including application requirements and NPDB reports. There was consensus that continued national certification (AA-C) should satisfy continuing education requirements, similar to physician assistants.

Dr. Sarah Reece-Stremtan moved that any anesthesiologist supervising an anesthesiologist assistant must be either board certified or board eligible. Dr. Mark Simcox seconded the motion. The motion passed unanimously.

NEXT STEPS

- The panel will reconvene in January or February 2026.
- The next meeting will focus on reviewing the DC model and refining the list of delegable duties, Erin Barrett will prepare materials for the panel to review.
- The Executive Committee of the Board of Medicine is scheduled to meet in April 2026.

Adjournment

The meeting adjourned at 12:18 p.m.

Action item: Discussion of regulation of anesthesiologist assistants in Virginia regulations

Included in your agenda package:

- Chart of comparison of anesthesiologist assistants scopes of practice
- Virginia Code § 54.1-2957.23;
- Relevant[1] Ohio statutes and regulations governing anesthesiologist assistants;
- Relevant D.C. statutes and regulations governing anesthesiologist assistants;
- Relevant North Carolina statutes and regulations governing anesthesiologist assistants;
- Relevant Washington state statutes and regulations governing anesthesiologist assistants; and
- Basic regulatory framework that will be used for a new chapter regulating anesthesiologist assistants.

Staff Note: Some topics covered by regulation are treated the same across the Board of Medicine's allied professions, of which anesthesiologist assistants will be one. The regulatory advisory panel ("RAP") should focus on the following topics:

  - Definitions;
  - Scope of practice of anesthesiologist assistants;
  - Supervision of anesthesiologist assistants;
  - Continuing education of anesthesiologist assistants;
  - Other renewal requirements of anesthesiologist assistants; and
  - Anything else deemed necessary by consensus of the RAP.

Once the RAP has reached consensus, the RAP can recommend draft regulatory language to the Board of Medicine. The regulatory action for licensure of anesthesiologist assistants is at the notice of intended regulatory stage ("NOIRA") undergoing executive branch review. The soonest possible date the full Board of Medicine could vote on proposed regulatory text is February 19, 2026. The vote will likely be later in 2026, however, due to the length of the regulatory review process.

[1] Statutes and regulations governing topics that are standard for the Board of Medicine to decide for all professions, such as fees, or topics that are already covered by existing Virginia law, like disciplinary actions, were not included.

Comparison of CAA Scopes of Practice by Task[1]

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
Obtain comprehensive patient history and present history to the supervising anesthesiologist	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	DC includes "perform relevant elements of a physical examination."
Develop and implement an anesthesia care plan for a patient			✓		✓	✓	✓					✓	MO: "Assist in" development and implementation of anesthesia care plan.
Present preoperative health information to the supervising anesthesiologist for the collaborative formulation of an anesthetic plan									✓				
Pretest and calibrate anesthesia delivery systems and monitor and obtain and interpret information from the systems and monitors	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	DC and WA include "in consultation with an anesthesiologist"
Assist the supervising anesthesiologist with the implementation of medically accepted monitoring techniques	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	IN, NV & WI: "implement" rather than "assist" VT: "place" medically accepted monitoring equipment
Establish basic and advanced airway interventions, including intubation of the	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	WA & NV include: "endotracheal intubation, laryngeal mask insertion, and

[1] States that did not have delineated tasks for scope of practice: Colorado, Georgia, North Carolina, Tennessee (in statute – regulations have not yet been developed), Utah.

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
trachea and performing ventilatory support													other advanced airways techniques.”
Administer intermittent vasoactive drugs and start and adjust vasoactive infusions	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	
Administer anesthetic drugs, adjuvant drugs, and accessory drugs	✓	✓	✓	✓	✓	✓		✓		✓			DC: “including narcotics”
Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	DC: “and other regional anesthetic techniques” IN & WA: “assist with spinal and intravenous regional anesthesia” NV: “performing, maintaining, evaluating, and managing epidural, spinal, and regional anesthesia, including, without limitation, catheters” WI: “implement spinal, epidural, and regional anesthetic procedures” VT: “administer regional anesthetics”
Maintaining and managing established neuraxial epidurals and regional anesthesia											✓		
Administer blood, blood products, and supportive fluids	✓	✓	✓	✓	✓	✓		✓		✓		✓	

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
Provide assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation		✓		✓	✓	✓	✓		✓	✓	✓	✓	NV: initiate and manage CPR in response to life-threatening situation SC: perform initial acute CPR in life-threatening situations as directed by a physician
Monitor, transport, and transfer care to appropriate anesthesia or recovery personnel		✓										✓	
Initiate medically directed multi-parameter monitoring before anesthesia and in other acute care settings									✓				
Use current advanced treatment modalities to effect the prescribed anesthetic plan during the procedure									✓				
Participate in administrative, research, and clinical teaching activities, as authorized by the supervising anesthesiologist		✓			✓	✓	✓		✓	✓	✓		
Assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes, all to be cosigned by the supervising							✓				✓		NV: “ordering and performing preoperative and postoperative anesthetic patient evaluations and consultations and maintaining patient progress notes”

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
anesthesiologist within 24 hours													
Administering and assisting with preoperative consultations											✓		
Under the supervising anesthesiologist's consultation and direction, order perioperative pharmaceutical agents, medications, and fluids, to be used only at the facility where ordered, including but not limited to controlled substances, which may be administered prior to the cosignature of the supervising anesthesiologist. The supervising anesthesiologist may review and if required by the facility or institutional policy must cosign these orders in a timely manner.											✓		
Change or discontinue a medical treatment plan, after consultation with the supervising anesthesiologist							✓				✓		
Establish peripheral intravenous lines, including subcutaneous lidocaine use							✓				✓		NV includes: "and performing invasive procedures, including . . . placement of arterial lines,

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
													central lines, and Swan-Ganz catheters”
Establish radial and dorsalis pedis arterial lines											✓		
Assist with general anesthesia, including induction, maintenance, and emergence							✓				✓		NV includes: “performing general anesthesia, including . . . induction, maintenance, emergence, and other procedures associated with general anesthesia”
Assist with procedures associated with general anesthesia, such as, but not limited to, gastric intubation											✓		
Assist with monitored anesthesia care							✓				✓		NV: “Performing monitored anesthesia care”
Evaluate and manage patient controlled analgesia, epidural catheters, and peripheral nerve catheters											✓		
Place deep vein catheters and arterial catheters			✓	✓				✓			✓		FL & OK: “place special peripheral and central veinous and arterial lines for blood sampling and monitoring as appropriate” WA: obtain veinous and arterial blood samples
Assist with, order, and interpret appropriate preoperative, point of care, intraoperative, or postoperative diagnostic							✓				✓		

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
tests or procedures as authorized by the supervising anesthesiologist													
Obtain and administer perioperative anesthesia and related pharmaceutical agents including intravenous fluids and blood products							✓			✓	✓		NV: "continuation of perioperative medications" VT: "prescribe perioperative medications to be used in the accredited facility"
Conduct laboratory and other related studies, including taking blood samples and administering blood, blood products, and supportive fluids							✓						
Participate in management of the patient while in the preoperative suite and recovery area							✓				✓		NV: "Monitoring the patient while in the preoperative suite, recovery area or labor suites and making postanesthesia rounds"
Supervise student anesthesiologist assistants							✓					✓	
Maintain and alter the levels of anesthesia and provide continuity of anesthetic care into and during the postoperative recovery period			✓				✓	✓	✓				FL & OK: "participate in management of the patient while in the post-anesthesia recovery area, including the administration of supporting fluids" SC: "support the patient upon emergence and recovery from anesthetic by airway intervention or ventilatory support and

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
													administering any supportive medication and fluids”
Enter in the medical record of a patient verbal or written medication chart orders as prescribed by the supervising anesthesiologist							✓						
Obtain informed consent from a patient or the parent or guardian of the patient for the administration of anesthesia or related procedures							✓						
Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical support devices, and the management of fluid, electrolyte, and blood component balances			✓					✓					
Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication or other forms of therapy			✓					✓					
Administer postoperative sedation, anxiolysis, or analgesia medication to treat							✓						

Task	OH	DC	FL	IN	MO	NM	NV	OK	SC	VT	WA	WI	State specific notes
patient responses to anesthesia													
Perform such other tasks that an anesthesiologist assistant has been trained and is proficient to perform		✓		✓			✓				✓		IN & WA include: “not prohibited by law” and “under the supervision of a licensed anesthesiologist”

Code of Virginia
Title 54.1. Professions and Occupations
Subtitle III. Professions and Occupations Regulated by Boards within the Department of Health Professions
Chapter 29. Medicine and Other Healing Arts
Article 4. Licensure and Certification of Other Practitioners of the Healing Arts

§ 54.1-2957.23. Licensure of anesthesiologist assistants

A. As used in this section, "anesthesiologist" means a physician who is licensed by the Board and who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology.

B. No person shall use or assume the title "anesthesiologist assistant" or hold himself out as an anesthesiologist assistant unless such person holds a license as an anesthesiologist assistant issued by the Board. Nothing in this section shall be construed as prohibiting any professional licensed, certified, or registered by a health regulatory board from acting within the scope of his profession.

C. The Board shall establish criteria for licensure as an anesthesiologist assistant that shall include the following:

1. Successful completion of an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organizations; and

2. Passage of the certifying examination administered by the National Commission for Certification of Anesthesiologist Assistants or other examination required by the Board.

D. Pending the outcome of the next examination described in subdivision C 2, the Board may grant a provisional license to a graduate of an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organizations.

E. Nothing in this section shall prohibit a student anesthesiologist assistant who is enrolled in an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organizations from engaging in acts that would constitute practice as an anesthesiologist assistant as part of such program.

F. An anesthesiologist assistant licensed pursuant to this section shall practice within the scope of his clinical and professional training and the limits of his knowledge and experience and under the supervision of an anesthesiologist.

G. The Board shall adopt regulations governing the practice of anesthesiologist assistants, including regulations for (i) application for and issuance of a license or renewal of a license, (ii) standards of practice for licensed anesthesiologist assistants, and (iii) requirements for supervision of anesthesiologist assistants by anesthesiologists.

2025, c. 507.

The chapters of the acts of assembly referenced in the historical citation at the end of this

section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Ohio
Statutes

Ohio Revised Code

Section 4760.01 Anesthesiologist assistant definitions.

Effective: February 8, 2018
Legislation: House Bill 145 - 132nd General Assembly

As used in this chapter:

(A) "Ambulatory surgical facility" has the same meaning as in section 3702.30 of the Revised Code.

(B) "Anesthesiologist assistant" means an individual who assists an anesthesiologist in developing and implementing anesthesia care plans for patients.

(C) "Anesthesiologist" means a physician who has successfully completed an approved anesthesiology training program, as specified in the accreditation requirements that must be met to qualify as graduate medical education, as defined in section 4731.04 of the Revised Code.

(D) "Hospital" has the same meaning as in section 3727.01 of the Revised Code.

(E) "Physician" means an individual authorized under Chapter 4731. of the Revised Code to practice medicine and surgery or osteopathic medicine and surgery.

Ohio Revised Code

Section 4760.02 License required to practice.

Effective: October 17, 2019
Legislation: House Bill 166 - 133rd General Assembly

(A) Except as provided in division (B) of this section, no person shall practice as an anesthesiologist assistant unless the person holds a current, valid license issued under this chapter to practice as an anesthesiologist assistant.

(B) Division (A) of this section does not apply to either of the following:

(1) A person participating in a training program leading toward certification by the national commission for certification of anesthesiologist assistants, as long as the person is supervised by an anesthesiologist, an individual participating in a hospital residency program in preparation to practice as an anesthesiologist, or an anesthesiologist assistant who holds a current, valid license issued under this chapter;

(2) Any person who otherwise holds professional authority granted pursuant to the Revised Code to perform any of the activities that an anesthesiologist assistant is authorized to perform.

Ohio Revised Code

Section 4760.03 Filing application for license.

Effective: December 29, 2023
Legislation: Senate Bill 131

(A) Except as provided in division (D) of this section, an individual seeking a license to practice as an anesthesiologist assistant shall file with the state medical board a written application on a form prescribed and supplied by the board. The application shall include all of the following information:

(1) Evidence satisfactory to the board that the applicant is at least twenty-one years of age;

(2) Evidence satisfactory to the board that the applicant has successfully completed the training necessary to prepare individuals to practice as anesthesiologist assistants, as specified in section 4760.031 of the Revised Code;

(3) Evidence satisfactory to the board that the applicant holds current certification from the national commission for certification of anesthesiologist assistants and that the requirements for receiving the certification included passage of an examination to determine the individual's competence to practice as an anesthesiologist assistant;

(4) Any other information the board considers necessary to process the application and evaluate the applicant's qualifications.

(B)(1) At the time of making application for a license under division (A) of this section, an applicant shall pay the board a fee of one hundred dollars, no part of which shall be returned.

(2) An applicant seeking a license under division (D) of this section shall pay the fee required under Chapter 4796. of the Revised Code.

(C) The board shall review all applications received under this section. Not later than sixty days after receiving a complete application, the board shall determine whether an applicant meets the requirements to receive a license. Except as provided in division (D) of this section, the board shall not issue a license to an applicant unless the applicant is certified by the national commission for

certification of anesthesiologist assistants or a successor organization that is recognized by the board.

(D) The board shall issue a license to practice as an anesthesiologist assistant in accordance with Chapter 4796. of the Revised Code to an applicant if either of the following applies:

(1) The applicant holds a license in another state.

(2) The applicant has satisfactory work experience, a government certification, or a private certification as described in that chapter as an anesthesiologist assistant in a state that does not issue that license.

Ohio Revised Code

Section 4760.08 Supervising anesthesiologist to adopt written practice protocol.

Effective: May 31, 2000
Legislation: Senate Bill 278 - 123rd General Assembly

An anesthesiologist assistant shall practice only under the direct supervision and in the immediate presence of a physician who is actively and directly engaged in the clinical practice of medicine as an anesthesiologist. An anesthesiologist assistant shall not practice in any location other than a hospital or ambulatory surgical facility. At all times when an anesthesiologist assistant is providing direct patient care, the anesthesiologist assistant shall display in an appropriate manner the title "anesthesiologist assistant" as a means of identifying the individual's authority to practice under this chapter.

Each anesthesiologist who agrees to act as the supervising anesthesiologist of an anesthesiologist assistant shall adopt a written practice protocol that is consistent with section 4760.09 of the Revised Code and delineates the services that the anesthesiologist assistant is authorized to provide and the manner in which the anesthesiologist will supervise the anesthesiologist assistant. The anesthesiologist shall base the provisions of the protocol on consideration of relevant quality assurance standards, including regular review by the anesthesiologist of the medical records of the patients of the anesthesiologist assistant.

The supervising anesthesiologist shall supervise the anesthesiologist assistant in accordance with the terms of the protocol under which the assistant practices and the rules for supervision of anesthesiologist assistants adopted by the state medical board under this chapter and Chapter 4731. of the Revised Code. The board's rules shall include requirements for enhanced supervision of an anesthesiologist assistant during the first four years of practice.

Ohio Revised Code

Section 4760.09 Developing and implementing anesthesia care plan for patient.

Effective: May 31, 2000
Legislation: Senate Bill 278 - 123rd General Assembly

If the practice and supervision requirements of section 4760.08 of the Revised Code are being met, an anesthesiologist assistant may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient. In providing assistance to the supervising anesthesiologist, an anesthesiologist assistant may do any of the following:

(A) Obtain a comprehensive patient history and present the history to the supervising anesthesiologist;

(B) Pretest and calibrate anesthesia delivery systems and monitor and obtain and interpret information from the systems and monitors;

(C) Assist the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;

(D) Establish basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;

(E) Administer intermittent vasoactive drugs and start and adjust vasoactive infusions;

(F) Administer anesthetic drugs, adjuvant drugs, and accessory drugs;

(G) Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures;

(H) Administer blood, blood products, and supportive fluids.

Ohio Revised Code

Section 4760.10 Activities authorized by supervising anesthesiologist.

Effective: May 31, 2000
Legislation: Senate Bill 278 - 123rd General Assembly

In addition to the activities that an anesthesiologist assistant may engage in pursuant to section 4760.09 of the Revised Code, the supervising anesthesiologist of an anesthesiologist assistant may authorize an anesthesiologist assistant to do the following:

(A) Participate in administrative activities and clinical teaching activities;

(B) Participate in research activities by performing the same procedures that may be performed pursuant to section 4760.09 of the Revised Code;

(C) Provide assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation.

Ohio Revised Code

Section 4760.031 Completion of training requirements.

Effective: December 29, 2023
Legislation: Senate Bill 131

Except for a license issued under division (D) of section 4760.03 of the Revised Code, as a condition of being eligible to receive a license to practice as an anesthesiologist assistant, an individual must successfully complete the following training requirements:

(A) A baccalaureate or higher degree program at an institution of higher education accredited by an organization recognized by the department of higher education. The program must have included courses in the following areas of study:

(1) General biology;

(2) General chemistry;

(3) Organic chemistry;

(4) Physics;

(5) Calculus.

(B) A training program conducted for the purpose of preparing individuals to practice as anesthesiologist assistants. If the program was completed prior to May 31, 2000, the program must have been completed at case western reserve university or emory university in Atlanta, Georgia. If the program is completed on or after May 31, 2000, the program must be a graduate-level program accredited by the commission on accreditation of allied health education programs or any of the commission's successor organizations. In either case, the training program must have included at least all of the following components:

(1) Basic sciences of anesthesia: physiology, pathophysiology, anatomy, and biochemistry. The courses must be presented as a continuum of didactic courses designed to teach students the

foundations of human biological existence on which clinical correlations to anesthesia practice are based.

(2) Pharmacology for the anesthetic sciences. The course must include instruction in the anesthetic principles of pharmacology, pharmacodynamics, pharmacokinetics, uptake and distribution, intravenous anesthetics and narcotics, and volatile anesthetics.

(3) Physics in anesthesia.

(4) Fundamentals of anesthetic sciences, presented as a continuum of courses covering a series of topics in basic medical sciences with special emphasis on the effects of anesthetics on normal physiology and pathophysiology.

(5) Patient instrumentation and monitoring, presented as a continuum of courses focusing on the design of, proper preparation of, and proper methods of resolving problems that arise with anesthesia equipment. The courses must provide a balance between the engineering concepts used in anesthesia instruments and the clinical application of anesthesia instruments.

(6) Clinically based conferences in which techniques of anesthetic management, quality assurance issues, and current professional literature are reviewed from the perspective of practice improvement.

(7) Clinical experience consisting of at least two thousand hours of direct patient contact, presented as a continuum of courses throughout the entirety of the program, beginning with a gradual introduction of the techniques for the anesthetic management of patients and culminating in the assimilation of the graduate of the program into the work force. Areas of instruction must include the following:

(a) Preoperative patient assessment;

(b) Indwelling vascular catheter placement, including intravenous and arterial catheters;

(c) Airway management, including mask airway and orotracheal intubation;

(d) Intraoperative charting;

(e) Administration and maintenance of anesthetic agents, narcotics, hypnotics, and muscle relaxants;

(f) Administration and maintenance of volatile anesthetics;

(g) Administration of blood products and fluid therapy;

(h) Patient monitoring;

(i) Postoperative management of patients;

(j) Regional anesthesia techniques;

(k) Administration of vasoactive substances for treatment of unacceptable patient hemodynamic status;

(l) Specific clinical training in all the subspecialties of anesthesia, including pediatrics, neurosurgery, cardiovascular surgery, trauma, obstetrics, orthopedics, and vascular surgery.

(8) Basic life support that qualifies the individual to administer cardiopulmonary resuscitation to patients in need. The course must include the instruction necessary to be certified in basic life support by the American red cross or the American heart association.

(9) Advanced cardiac life support that qualifies the individual to participate in the pharmacologic intervention and management resuscitation efforts for a patient in full cardiac arrest. The course must include the instruction necessary to be certified in advanced cardiac life support by the American red cross or the American heart association.

Ohio Revised Code

Section 4760.032 License applicant to comply with RC Chapter 4776.

Effective: October 9, 2021
Legislation: House Bill 263

In addition to any other eligibility requirement set forth in this chapter, each applicant for a license to practice as an anesthesiologist assistant shall comply with sections 4776.01 to 4776.04 of the Revised Code.

Ohio
Regulations

Ohio Administrative Code

Rule 4731-24-01 Definitions.

Effective: July 31, 2019

As used in Chapter 4731-24 of the AdministrativeCode:

(A) "Administer" means to apply directly a drug, whether by injection, inhalation, ingestion, or any other means, and the infusion of blood, blood products and supportive fluids.

(B) "Assist" means to carry out procedures as requested by the supervising anesthesiologist, provided that the requested procedure is within the anesthesiologist assistant's training and scope of practice, is authorized by the practice protocol adopted by the supervising anesthesiologist, and is not prohibited by Chapter 4731. or 4760. of the Revised Code, or by any provision of agency 4731 of the Administrative Code.

(C) "Drug" has the same meaning as in division (E) of section 4729.01 of the Revised Code.

(D) "Direct supervision, and in the immediate presence of" means the following:

(1) The supervising anesthesiologist shall remain physically present and available for immediate diagnosis and treatment of emergencies;

(2) The supervising anesthesiologist shall be physically present in the anesthetizing area or operating suite, as defined by the hospital or ambulatory surgical facility, and accessible by page, telephone, or overhead page, such that he or she is immediately available to participate directly in the care of the patient with whom the anesthesiologist assistant and the supervising anesthesiologist are jointly involved;

(3) The supervising anesthesiologist shall personally participate in the most demanding procedures in the anesthesia plan, which shall include induction and emergence; and

(4) "Direct supervision and the in immediate presence of" shall not be interpretted to:

(a) Require the supervising anesthesiologist's presence in the same room as the anesthesiologist assistant for the duration of the anesthetic management; or

(b) Prohibit the supervising anesthesiologist from addressing an emergency of short duration, administering labor analgesia, or performing duties of short duration as required of a perioperative specialist in another location in the hospital or ambulatory surgical facilty.

Ohio Administrative Code

Rule 4731-24-02 Anesthesiologist assistants: supervision.

Effective: July 31, 2019

(A) A supervising anesthesiologist shall supervise an anesthesiologist assistant within the terms, conditions, and limitations set forth in a written practice protocol that is consistent with section 4760.08 of the Revised Code and this chapter of the Administrative Code. The supervision shall be direct supervision and in the immediate presence of the anesthesiologist assistant, as that term is defined in rule 4731-24-01 of the Administrative Code.

(B) An anesthesiologist assistant shall only perform those tasks assigned on a case-by-case basis by the supervising anesthesiologist. The anesthesiologist assistant shall implement the personalized plan for a patient as individually prescribed by the supervising anesthesiologist after the physician has completed a specific assessment of the patient.

(C) 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 section 4760.09 of the Revised Code and this chapter of the Administrative Code;

(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 at med.ohio.gov.

(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 anesthologist assistant or assistants being supervised concurrently; and

(9) The number of patients whose care is being supervised concurrently by the supervising anesthesiologist.

(D) During the first four years of an anesthesiologist assistant's practice, the supervising anesthesiologist shall provide enhanced supervision as defined in this chapter of the Administrative Code.

(E) The supervising anesthesiologist shall retain responsibility for the anesthetic management in which the anesthesiologist assistant has participated.

Ohio Administrative Code

Rule 4731-24-03 Anesthesiologist assistants: enhanced supervision.

Effective: July 31, 2019

(A) A supervising anesthesiologist shall provide enhanced supervision of an anesthesiologist assistant during the first four years of the anesthesiologist assistant's practice.

(B) "Enhanced supervision" means the following:

(1) The supervising anesthesiologist shall require regular, documented quality assurance interactions between the supervising anesthesiologist and the anesthesiologist assistant .

(a) The regularly scheduled quality assurance interactions shall occur in greater number and with greater frequency during the first four years of an anesthesiologist assistant's practice than would be required for quality assurance purposes for anesthesiologist assistants in practice for more than four years and shall take place no less frequently than once every three months.

(b) The anesthesiologist assistant shall be required to file on a monthly basis during the first two years of practice a separate record of the cases of anesthetic management in which he or she participated. The record shall be reviewed by a supervising anesthesiologist as a component of the quality assurance interactions.

(c) The reviewing supervising anesthesiologist shall file a report of each quality assurance interaction with the appropriate committee.

(2) The supervising anesthesiologist shall make direct observations of the anesthesiologist assistant during the course of each case of anesthetic management.

(a) During the first year of an anesthesiologist assistant's practice, the direct observations of each case of anesthetic management shall be made more frequently than for comparable procedures for anesthesiologist assistants practicing beyond their first year, and include direct observation of induction and emergence.

(b) The supervising anesthesiologist shall document the enhanced supervision in the anesthetic record.

(3) The period of enhanced supervision for an anesthesiologist assistant who has practiced in another state prior to beginning practice in Ohio shall be determined as follows:

(a) The anesthesiologist assistant shall be given credit for the time practiced in another state.

(b) The credit shall be on a year-for-year basis, except that the supervising anesthesiologist shall provide enhanced supervision as defined in this rule for the first three months of the anesthesiologist assistant's practice in Ohio.

DC
Statutes

Council of the
DISTRICT OF COLUMBIA

Code of the District of Columbia

Subchapter VI-B. Anesthesiologist Assistants; Scope of Practice; License Renewal; Transition; Council Hearing.

§ 3–1206.31. Scope of practice.

§ 3–1206.32. License renewal.

§ 3–1206.33. Transition.

§ 3–1206.34. Council hearing.

§ 3–1206.31. Scope of practice.

(a) An anesthesiologist assistant shall be licensed by the Board of Medicine before administering anesthesia within the District of Columbia.

(b) An individual licensed to practice as an anesthesiologist assistant, as that practice is defined in § 3-1201.02(2A), shall have the authority to:

(1) Obtain a comprehensive patient history, perform relevant elements of a physical examination, and present the history to the supervising anesthesiologist;

(2) Pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in consultation with an anesthesiologist;

(3) Assist the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;

(4) Establish basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;

(5) Administer intermittent vasoactive drugs and start and adjust vasoactive infusions;

(6) Administer anesthetic drugs, adjuvant drugs, and accessory drugs, including narcotics;

(7) Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques;

(8) Administer blood, blood products, and supportive fluids;

(9) Provide assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;

(10) Monitor, transport, and transfer care to appropriate anesthesia or recovery personnel;

(11) Participate in administrative, research, and clinical teaching activities, as authorized by the supervising anesthesiologist; and

(12) Perform such other tasks that an anesthesiologist assistant has been trained and is proficient to perform.

(c) Anesthesiologist assistants shall not:

(1) Prescribe any medications or controlled substances;

(2) Practice or attempt to practice unless under the supervision of an anesthesiologist who is immediately available for consultation, assistance, and intervention;

(3) Practice or attempt to administer anesthesia during the induction or emergence phase without the personal participation of the supervising anesthesiologist; or

(4) Administer any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe.

(d)(1) The supervising anesthesiologist shall be immediately available to participate directly in the care of the patient whom the anesthesiologist assistant and the

anesthesiologist are jointly treating, and shall at all times accept and be responsible for the oversight of the health care services rendered by the anesthesiologist assistant.

(2) A supervising anesthesiologist shall be present during the induction and the emergence phases of a patient to whom anesthesia has been administered.

(3) A supervising anesthesiologist may supervise up to 4 anesthesiologist assistants at any one time.

(4) No faculty member of an anesthesiologist assistants program shall concurrently supervise more than 2 anesthesiologist assistant students who are delivering anesthesia.

(e) For the purposes of this section, the term:

(1) "Anesthesiologist" means a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and who is currently licensed to practice medicine in the District of Columbia.

(2) "Immediately available" means the supervising anesthesiologist is:

(A) Present in the building or facility in which anesthesia services are being provided by an anesthesiologist assistant; and

(B) Able to directly provide assistance to the anesthesiologist assistant in providing anesthesia services to the patient in accordance with the prevailing standards of:

(i) Acceptable medical practice;

(ii) The American Society of Anesthesiologists' guidelines for best practice of anesthesia in a care team model; and

(iii) Any additional requirements established by the Board of Medicine through a formal rulemaking process.

(3) "Supervision" means directing and accepting responsibility for the anesthesia services rendered by an anesthesiologist assistant in a manner approved by the Board of Medicine.

(Mar. 25, 1986, D.C. Law 6-99, § 631; as added Mar. 16, 2005, D.C. Law 15-237, § 2(h), 51 DCR 10593; Mar. 6, 2007, D.C. Law 16-228, § 2(h), 53 DCR 10244; Mar. 25, 2009, D.C. Law 17-353, § 192, 56 DCR 1117.)

Effect of Amendments

D.C. Law 16-228 rewrote subsec. (d)(3), which formerly read:

"(d)(3) A supervising anesthesiologist may supervise up to 3 anesthesiologist assistants at any one time during normal circumstances, and up to 4 anesthesiologist assistants at any one time during emergency circumstances, consistent with federal rules for reimbursement for anesthesia services."

D.C. Law 17-353 validated a previously made technical correction in subsec. (c)(4).

§ 3–1206.32. License renewal.

The Board of Medicine shall renew the license of an anesthesiologist assistant who, in addition to meeting the requirements of § 3-1205.10, has submitted to the Board, along with the application for renewal, documentation of current certification as an Anesthesiologist Assistant — Certified ("AA-C") by the Commission for the Accreditation of Allied Health Education Programs, or its successor, including completion of the necessary continuing medical education credits required to maintain AA-C status.

(Mar. 25, 1986, D.C. Law 6-99, § 632; as added Mar. 16, 2005, D.C. Law 15-237, § 2(h), 51 DCR 10593.)

§ 3–1206.33. Transition.

For a period of 2 years following March 16, 2005, all references in this chapter to anesthesiologist assistants shall be deemed to refer to persons meeting the requirements for licensure in the District, regardless of whether they are licensed in fact.

(Mar. 25, 1986, D.C. Law 6-99, § 633; as added Mar. 16, 2005, D.C. Law 15-237, § 2(h), 51 DCR 10593.)

§ 3–1206.34. Council hearing.

Three years from March 16, 2005, the Council committee having jurisdiction over the Department of Health shall hold a public hearing on the appropriateness of the requirements for anesthesiologist assistants imposed by the Act [D.C. Law 15-237].

(Mar. 25, 1986, D.C. Law 6-99, § 634; as added Mar. 16, 2005, D.C. Law 15-237, § 2(h), 51 DCR 10593.)

References in Text

The "Act", referred to in text, refers to Law 15-237.

PUBLICATION INFORMATION

Current through

Oct. 9, 2025

Last codified Emergency Law:

Act 26-156 effective Oct. 9, 2025

Last codified D.C. Law:

Law 26-50 effective Oct. 1, 2025

Last codified Federal Law:

Public Law 115-334 approved Dec. 20, 2018

DC
Regulations

5108 CONTINUING EDUCATION REQUIREMENTS

5108.1 This section shall apply to applicants for the renewal of a license and does not apply to applicants for an initial license by examination or endorsement, nor does it apply to applicants for the first renewal of a license granted by examination.

5108.2 A licensee applying for renewal shall meet continuing education requirements by demonstrating that he or she has:

(a) Been recertified by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization;

(b) Completed two (2) continuing medical education hours in cultural competence or appropriate clinical treatment specifically for individuals who are lesbian, gay, bisexual, transgender, gender nonconforming, queer, or questioning their sexual orientation or gender identity and expression (LGBTQ) which meet the requirements of §§ 5108.5 and 5108.6; and

(c) At least ten percent (10%) of the total required continuing medical education shall be in the subjects determined by the Director as public health priorities of the District every five (5) years or less frequently as deemed appropriate by the Director with notice of the subject matter published in the *D.C. Register*. The Board shall disseminate the identified subjects to its licensees when determined by the Director via electronic communication and through publication on its website.

5108.3 A licensee applying for renewal of a license who fails to submit proof of the standards in § 5108.2 by the date the license expires may renew the license within sixty (60) days after the expiration by submitting proof and by paying the required late fees.

5108.4 Upon submitting proof and paying the required late fees, the licensee shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documents and fees.

5108.5 Continuing education hours that are completed, pursuant to § 5108.2(b), in cultural competence and appropriate clinical treatment specifically for individuals who are LGBTQ shall, at a minimum, provide information and skills to enable a physician assistant to care effectively and respectfully for patients who identify as LGBTQ, which may include:

(a) Specialized clinical training relevant to patients who identify as LGBTQ, including training on how to use cultural information and terminology to establish clinical relationships;

(b) Training that improves the understanding and application, in a clinical setting, of relevant data concerning health disparities and risk factors for patients who identify as LGBTQ;

(c) Training that outlines the legal obligations associated with treating patients who identify as LGBTQ;

(d) Best practices for collecting, storing, using, and keeping confidential, information regarding sexual orientation and gender identity;

(e) Best practices for training support staff regarding the treatment of patients who identify as LGBTQ and their families;

(f) Training that improves the understanding of the intersections between systems of oppression and discrimination and improves the recognition that those who identify as LGBTQ may experience these systems in varying degrees of intensity; and

(g) Training that addresses underlying cultural biases aimed at improving the provision of nondiscriminatory care for patients who identify as LGBTQ.

5108.6 A licensee applying for renewal shall, at the Board's request, provide proof of having completed the continuing education hours required by § 5108.2(b) which shall contain the following information:

(a) The name of the program, its location, and a description of the subject matter covered;

(b) The dates on which the applicant attended the program;

(c) The hours of credit claimed; and

(d) Verification of completion of the credits by signature or stamp of the sponsor.

SOURCE: Final Rulemaking published at 53 DCR 91 (January 6, 2006); as amended by Final Rulemaking published at 64 DCR 11054 (October 27, 2017); as amended by Final Rulemaking published at 66 DCR 15455 (November 22, 2019).

5113 SCOPE OF PRACTICE

5113.1 An anesthesiologist assistant shall, in accordance with this chapter and the Act, have the authority to perform the following tasks:

(a) Obtain a comprehensive patient history, perform relevant elements of a physical examination, and present the history to the supervising anesthesiologist;

(b) Pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in consultation with an anesthesiologist;

(c) Assist the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;

(d) Establish basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support;

(e) Administer intermittent vasoactive drugs and start and adjust vasoactive infusions;

(f) Administer anesthetic drugs, adjuvant drugs, and accessory drugs, including narcotics;

(g) Assist the supervising anesthesiologist with the performance of epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques;

(h) Administer blood, blood products, and supportive fluids;

(i) Provide assistance to a cardiopulmonary resuscitation team in in response to a life threatening situation;

(j) Monitor, transport, and transfer care to appropriate anesthesia or recovery personnel;

(k) Participate in administrative, research, and clinical teaching activities, as authorized by the supervising anesthesiologist; and

(l) Perform such other tasks that an anesthesiologist assistant has been trained and is proficient to perform.

5113.2 An anesthesiologist assistant shall not perform the following tasks:

(a) Prescribe any medications or controlled substances;

(b) Practice or attempt to practice unless under the supervision of an anesthesiologist who is immediately available for consultation, assistance, and intervention;

(c) Practice or attempt to administer anesthesia during the induction or emergence phase without the personal participation of the supervising anesthesiologist; or

(d) Administer any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe.

SOURCE: As amended by Final Rulemaking published at 53 DCR 91 (January 6, 2006).

5114 SUPERVISING ANESTHESIOLOGIST

5114.1 A supervising anesthesiologist shall be immediately available to participate directly in the care of the patient whom the anesthesiologist assistant and the supervising anesthesiologist are jointly treating, and shall at all times accept and be responsible for the oversight of the health care services rendered by the anesthesiologist assistant.

5114.2 A supervising anesthesiologist shall be present during the induction and emergence phases of a patient to whom anesthesia has been administered.

5114.3 A supervising anesthesiologist may supervise no more than four (4) anesthesiologist assistants at any one time, consistent with federal rules for reimbursement of anesthesia services.

5114.4 No faculty member of an anesthesiologist assistants program shall concurrently supervise more than two (2) anesthesiologist assistant students who are delivering anesthesia.

SOURCE: Final Rulemaking published at 53 DCR 91 (January 6, 2006); as amended by Final Rulemaking published at 63 DCR 5271 (April 8, 2016).

5199 DEFINITIONS

5199.1 As used in this chapter the following terms have the meanings ascribed:

Anesthesiologist Assistant - a person licensed to practice as an anesthesiologist assistant under the Act.

Anesthesiologist - a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology and who is currently licensed to practice medicine in the District of Columbia.

Assist - to carry out procedures as requested by the supervising anesthesiologist, provided that the requested procedures are within the anesthesiologist assistant's training and scope of practice, is medically directed, and defined by the supervising anesthesiologist in conformance with acceptable standards for anesthesia care and, approved by the hospital or ambulatory surgical facility medical staff.

Board - the Board of Medicine, established by § 203(a) of the Act, D.C. Official Code § 3-1202.03(a)(1) (2001 ed.).

Committee - the Advisory Committee on Anesthesiologist Assistants, established by § 203(c-1) of the Act (D.C. Official Code § 3-1202.03(c-1) (2001 ed.)).

Director – The Director of the Department of Health, or his or her designee.

Immediately available - the supervising anesthesiologist is:

(a) Present in the building or facility in which anesthesia services are being provided by assistant; and

(b) Able to directly provide assistance to the anesthesiologist assistant in providing anesthesia services to the patient in accordance with the prevailing standards of:

(1) Acceptable medical practice;

(2) The American Society of Anesthesiologists' guidelines for best practice of anesthesia in a care team model; and

(3) Any additional requirements established by the Board of Medicine through a formal rulemaking process.

Supervision - directing and accepting responsibility for the anesthesia services rendered by an anesthesiologist assistant in a manner approved by the Board of Medicine.

5199.2 The definitions in § 4099 of Chapter 40 of this title and the Act are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 53 DCR 91 (January 6, 2006); as amended by Final Rulemaking published at 63 DCR 5271 (April 8, 2016); as amended by Final Rulemaking published at 66 DCR 15455 (November 22, 2019).

North Carolina Statutes

§ 90-9.4. Requirements for licensure as an anesthesiologist assistant.

Every applicant for licensure as an anesthesiologist assistant in the State shall meet the following criteria:

(1) Satisfy the North Carolina Medical Board that the applicant is of good moral character.

(2) Submit to the Board proof of completion of a graduate level training program accredited by the Commission of Accreditation of Allied Health Education Programs or its successor organization.

(3) Submit to the Board proof of current certification from the National Commission of Certification of Anesthesiologist Assistants (NCCAA) or its successor organization. The applicant shall take the certification exam within 12 months after completing training.

(4) Meet any additional qualifications for licensure pursuant to rules adopted by the Board. (2007-346, s. 9; 2019-191, s. 14.)

§ 90-18.5. Limitations on anesthesiologist assistants.

(a) Any person who is licensed to provide anesthesia services as an assistant to an anesthesiologist licensed under Article 1 of this Chapter may use the title "anesthesiologist assistant." Any other person who uses the title in any form or holds himself or herself out to be an anesthesiologist assistant or to be so licensed without first obtaining a license shall be deemed in violation of this Article. A student in any anesthesiologist assistant training program shall be identified as a "student anesthesiologist assistant" or an "anesthesiologist assistant student," but under no circumstances shall the student use or permit to be used on the student's behalf the terms "intern," "resident," or "fellow."

(b) Anesthesiologist assistants are authorized to provide anesthesia services under the supervision of an anesthesiologist licensed under Article 1 of this Chapter under the following conditions:

(1) The North Carolina Medical Board has adopted rules governing the provision of anesthesia services by an anesthesiologist assistant consistent with the requirements of subsection (c) of this section.

(2) The anesthesiologist assistant holds a current license issued by the Board or is a student anesthesiologist assistant participating in a training program leading to certification by the National Commission for Certification of Anesthesiologist Assistants and licensure as an anesthesiologist assistant under G.S. 90-9.4.

(c) The North Carolina Medical Board shall adopt rules to implement this section that include requirements and limitations on the provision of anesthesia services by an anesthesiologist assistant as determined by the Board to be in the best interests of patient health and safety. Rules adopted by the Board pursuant to this section shall include the following requirements:

(1) That an anesthesiologist assistant be supervised by an anesthesiologist licensed under this Article who is actively engaged in clinical practice and immediately available on-site to provide assistance to the anesthesiologist assistant.

(2) That an anesthesiologist may supervise no more than two anesthesiologist assistants or student anesthesiologist assistants at one time. The limitation on the number of anesthesiologist assistants and student anesthesiologist assistants that an anesthesiologist may supervise in no way restricts the number of other qualified anesthesia providers an anesthesiologist may concurrently supervise. After January 1, 2010, the Board may allow an anesthesiologist to supervise up to four licensed anesthesiologist assistants concurrently and may revise the supervision limitations of student anesthesiologist assistants such that the supervision requirements for student anesthesiologist assistants are similar to the supervision requirements for student nurse anesthetists.

(3) That anesthesiologist assistants comply with all continuing education requirements and recertification requirements of the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

(d) Nothing in this section shall limit or expand the scope of practice of physician assistants under existing law. (2007-146, s. 4; 2008-187, s. 14.)

North Carolina Regulations

SUBCHAPTER 32W - ANESTHESIOLOGIST ASSISTANT REGULATIONS

21 NCAC 32W .0101 DEFINITIONS

The following definitions apply to this Subchapter:

(1) "Anesthesiologist" means a physician who has successfully completed an anesthesiology training program approved by the Accreditation Committee on Graduate Medical Education or the American Osteopathic Association or who is credentialed to practice anesthesiology by a Hospital or an Ambulatory Surgical Facility.

(2) "Anesthesiologist Assistant" means a person licensed by and registered with the Board pursuant to Rule .0102 of this Subchapter to provide anesthesia services under the supervision of a Supervising Anesthesiologist.

(3) "Anesthesiologist Assistant License" means the authority for the Anesthesiologist Assistant to provide anesthesia services under North Carolina law.

(4) "Board" means the North Carolina Medical Board.

(5) "Certifying Examination" means the Certifying Examination for Anesthesiologist Assistants administered by the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

(6) "Primary Supervising Anesthesiologist" means the Supervising Anesthesiologist who accepts primary responsibility for the Anesthesiologist Assistant's professional activities, including developing and implementing the Anesthesiologist Assistant's Supervision Agreement and assuring the Board that the Anesthesiologist Assistant is qualified by education and training to perform all anesthesia services delegated to the Anesthesiologist Assistant.

(7) "Renewal" means paying the annual renewal fee and providing the information requested by the Board as outlined in Rule .0104 of this Subchapter.

(8) "Supervising Anesthesiologist" means an anesthesiologist who is responsible for supervising the Anesthesiologist Assistant in providing anesthesia services. A Supervising Anesthesiologist must be licensed by the Board, actively engaged in clinical practice as an anesthesiologist, and immediately available onsite to provide assistance to the Anesthesiologist Assistant.

(9) "Supervision" means overseeing the activities of, and accepting responsibility for, the anesthesia services rendered by an Anesthesiologist Assistant.

(10) "Supervision Agreement" means a written agreement between the Primary Supervising Anesthesiologist(s) and an Anesthesiologist Assistant that describes the anesthesia services delegated to the Anesthesiologist Assistant consistent with the Anesthesiologist Assistant's qualifications, training, skill, competence, and the rules in this Subchapter.

History Note: *Authority G.S. 90-9.4; 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0102 QUALIFICATIONS FOR LICENSE

(a) Except as otherwise provided in this Subchapter, an individual shall obtain a license from the Board before practicing as an Anesthesiologist Assistant. An applicant for an anesthesiologist assistant license shall:

(1) submit a completed license application on forms provided by the Board;

(2) supply a certified copy of applicant's birth certificate if the applicant was born in the United States or a certified copy of a valid and unexpired U.S. passport. If the applicant does not possess proof of U.S. citizenship, the applicant must provide information about applicant's immigration and work status which the Board will use to verify applicant's ability to work lawfully in the United States;

(3) pay the license fee established by Rule .0113 in this Subchapter;

(4) submit to the Board proof of completion of a training program for Anesthesiologist Assistants accredited by the Commission on Accreditation of Allied Health Education Programs or its

preceding or successor organization;

(5) submit to the Board proof of current certification by the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization, including passage of the Certifying Examination for Anesthesiologist Assistants administered by the NCCAA within 12 months after completing training;

(6) certify that he or she is mentally and physically able to safely practice as an Anesthesiologist Assistant;

(7) have no license, certificate, or registration as an Anesthesiologist Assistant currently under discipline, revocation, suspension, or probation;

(8) have good moral character; and

(9) submit to the Board any other information the Board deems necessary to determine if the applicant meets the requirements of the rules in this Subchapter.

(b) The Board may deny any application for licensure for any enumerated reason contained in G.S. 90-14 or for any violation of the Rules of this Subchapter.

(c) An applicant may be required to appear, in person, for an interview with the Board, or its representatives upon completion of all credentials.

History Note: *Authority G.S. 90-9.4; 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Amended Eff. March 1, 2011;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0103 INACTIVE LICENSE STATUS

(a) By notifying the Board in writing, any Anesthesiologist Assistant may elect to place his or her license on inactive status. An Anesthesiologist Assistant with an inactive license shall not practice as an Anesthesiologist Assistant. Any Anesthesiologist Assistant who engages in practice while his or her license is on inactive status shall be considered to be practicing without a license.

(b) An Anesthesiologist Assistant who has been inactive for less than six months may request reactivation of his or her license. He or she shall pay the current annual fee as defined in Rule .0113 of this Subchapter, provide documentation to the Board verifying current certification by the National Commission for Certification of Anesthesiologist Assistants and shall complete the Board's registration form.

(c) An Anesthesiologist Assistant who has been inactive for more than six months shall submit an application for a license and pay the application fee as defined in Rule .0113 of this Subchapter. The Board may deny any such application for any enumerated reason contained in G.S. 90-14 or for any violation of the Rules of this Subchapter.

History Note: *Authority G.S. 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0104 ANNUAL RENEWAL

(a) Each person who holds a license as an Anesthesiologist Assistant in this state shall renew his or her Anesthesiologist Assistant License each year no later than 30 days after his or her birthday by:

(1) completing the Board's registration form;

(2) verifying that he or she is currently certified by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization; and

(3) submitting the annual renewal fee under Rule .0113 of this Subchapter.

(b) The license of any Anesthesiologist Assistant who does not renew for a period of 30 days after certified notice of the failure to the licensee's last known address of record shall automatically become inactive.

History Note: *Authority G.S. 90-9.4; 90-13.1(f); 90-18(c)(20); 90-18.5;*
Temporary Adoption January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0105 CONTINUING MEDICAL EDUCATION

(a) In order to maintain Anesthesiologist Assistant licensure, each Anesthesiologist Assistant shall complete at least 40 hours of continuing medical education (CME) as required by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or its successor organization, for every two year period. CME documentation must be available for inspection by the Board or an agent of the Board upon request.

(b) Each licensed Anesthesiologist Assistant shall comply with all recertification requirements of the NCCAA, or its successor organization, including registration of CME credit and successful completion of the Examination for Continued Demonstration of Qualifications of Anesthesiologist Assistants administered by the NCCAA.

History Note: *Authority G.S. 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0106 STUDENT ANESTHESIOLOGIST ASSISTANTS

Student Anesthesiologist Assistants may provide anesthesia services under the supervision of a Supervising Anesthesiologist, provided a qualified anesthesia provider is present at all times while the patient is under anesthesia care.

History Note: *Authority G.S. 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0107 EXEMPTION FROM LICENSE

Nothing in this Subchapter shall be construed to require licensure for:

(1) a Student Anesthesiologist Assistant enrolled in an Anesthesiologist Assistant training program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor organization; or

(2) agents or employees of physicians who perform delegated tasks in the office of a physician consistent with G.S. 90-18(c)(13) and who are not rendering services as Anesthesiologist Assistants or identifying themselves as Anesthesiologist Assistants.

History Note: *Authority G.S. 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0108 SCOPE OF PRACTICE

(a) Anesthesiologist Assistants may provide anesthesia services only under the supervision of a Supervising Anesthesiologist and consistent with the Anesthesiologist Assistant's Supervision Agreement as defined by Rule .0101(10) of this Subchapter and the rules of this Subchapter. No Anesthesiologist Assistant shall practice where a Supervising Anesthesiologist is not immediately available onsite to provide assistance to the Anesthesiologist Assistant.

(b) Anesthesiologist Assistants may perform those duties and responsibilities that are delegated by their Supervising Anesthesiologist(s). The duties and responsibilities delegated to an Anesthesiologist Assistant shall be consistent with the Anesthesiologist Assistant's Supervision Agreement and the rules of this Subchapter.

History Note: *Authority G.S. 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0109 SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS

(a) The Primary Supervising Anesthesiologist shall ensure that the Anesthesiologist Assistant's scope of practice is identified; that delegation of anesthesia services is appropriate to the level of competence of the Anesthesiologist Assistant; that the relationship of, and access to, each Supervising Anesthesiologist is defined; and that a process for evaluation of the Anesthesiologist Assistant's performance is established.

(b) The Supervision Agreement defined in Rule .0101(10) of this Subchapter must be signed by the Primary Supervising Anesthesiologist(s) and Anesthesiologist Assistant and shall be made available upon request by the Board or its agents. A list of all Supervising Anesthesiologists, signed and dated by each Supervising Anesthesiologist, the Primary Supervising Anesthesiologist, and the Anesthesiologist Assistant, must be retained as part of the Supervision Agreement and shall be made available upon request by the Board or its representatives.

(c) A Supervising Anesthesiologist, who need not be the Primary Supervising Anesthesiologist, shall supervise the Anesthesiologist Assistant and ensure that all anesthesia services delegated to the Anesthesiologist Assistant are consistent with the Anesthesiologist Assistant's Supervision Agreement.

(d) A Supervising Anesthesiologist may supervise up to four Anesthesiologist Assistants at one time.

(e) Entries by an Anesthesiologist Assistant into patient charts of inpatients (hospital, long term care institutions) must comply with the rules and regulations of the institution.

History Note: *Authority G.S. 90-18(c)(20); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Amended Eff. April 1, 2010;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0110 LIMITATIONS ON PRACTICE

An Anesthesiologist Assistant shall not:

(1) perform a task which has not been listed and delegated in the Supervision Agreement;

(2) prescribe drugs, medications, or devices of any kind; however, this Rule does not preclude the Anesthesiologist Assistant from implementing or administering a treatment or pharmaceutical regimen prescribed by the Supervising Anesthesiologist.

History Note: *Authority G.S. 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0111 TITLE AND PRACTICE PROTECTION

Any person who is licensed to provide anesthesia services as an Anesthesiologist Assistant under this Subchapter may use the title "Anesthesiologist Assistant," "AA," "Anesthesiologist Assistant–Certified," or "AA-C." An Anesthesiologist Assistant who is doctorally prepared shall not use the title "Doctor," or the appellation "Dr.," on a name badge or other form of identification when practicing in a clinical setting.

History Note: *Authority G.S. 90-18(c)(20); 90-18.5; 90-640;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0112 IDENTIFICATION REQUIREMENTS

An Anesthesiologist Assistant licensed under this Subchapter shall keep proof of current licensure and registration available for inspection at the primary place of practice and shall, when engaged in professional activities, wear a name tag identifying the licensee as an "Anesthesiologist Assistant," which may be abbreviated as "AA," or as a "Certified Anesthesiologist Assistant," which may be abbreviated as "CAA."

History Note: *Authority G.S. 90-18.5; 90-640;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016;
Amended Eff. March 1, 2019.

21 NCAC 32W .0113 FEES

The Board requires the following fees:

(1) Anesthesiologist Assistant License Application Fee—one hundred fifty dollars ($150.00).

(2) Annual Renewal Fee—one hundred fifty dollars ($150.00), except that an Anesthesiologist Assistant who registers not later than 30 days after his or her birthday shall pay an annual registration fee of one hundred twenty-five dollars ($125.00).

History Note: *Authority G.S. 90-13.1(f); 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0114 VIOLATIONS

The Board pursuant to G.S. 90-14 may place on probation with or without conditions, impose limitations and conditions on, publicly reprimand, assess monetary redress, issue public letters of concern, mandate free medical services, require satisfactory completion of treatment programs or remedial or educational training, fine, deny, annul, suspend, or revoke the license, or other authority to function as a anesthesiologist assistant in this State. The following acts constitute violations:

(1) Failure to function in accordance with the rules of this Subchapter or with any provision of G.S. 90-14;

(2) Representing oneself as a physician; or

(3) Allowing one's certification with the National Commission for Certification of Anesthesiologist Assistants (NCCAA) or its successor organization to lapse at any time.

History Note: *Authority G.S. 90-18.5;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0115 PRACTICE DURING A DISASTER

An Anesthesiologist Assistant licensed in this State or in any other state may practice as an Anesthesiologist Assistant under the supervision of an Anesthesiologist licensed to practice medicine in North Carolina during a disaster within a county in which a state of disaster has been declared or counties contiguous to a county in which

a state of disaster has been declared (in accordance with G.S. 166A-6). A team of Anesthesiologist(s) and Anesthesiologist Assistant(s) practicing pursuant to this Rule shall not be required to maintain on-site documentation describing supervisory arrangements as otherwise required in Rules .0109 of this Subchapter. The Board may waive other regulatory requirements regarding licensure and practice to facilitate an Anesthesiologist Assistant practicing during a disaster consistent with G.S. 90-12.2.

History Note: *Authority G.S. 90-12.2; 166A-6;*
Temporary Adoption Eff. January 28, 2008;
Eff. April 1, 2008;
Pursuant to G.S. 150B-21.3A rule is necessary without substantive public interest Eff. March 1, 2016.

21 NCAC 32W .0116 ANESTHESIOLOGIST ASSISTANT PRACTICE AND LIMITED LICENSE FOR DISASTERS AND EMERGENCIES

(a) The Board shall waive requirements for licensure in the circumstances set forth in G.S. 90-12.5.

(b) There are two ways for anesthesiologist assistants to practice under this Rule:

(1) Hospital to Hospital Credentialing: An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, territory, or district and has unrestricted hospital credentials and privileges in any U.S. state, territory, or district may practice at a licensed North Carolina hospital upon the following terms and conditions:

(A) the licensed North Carolina hospital shall verify all anesthesiologist assistant credentials and privileges;

(B) the licensed North Carolina hospital shall keep a list of all anesthesiologist assistants coming to practice and shall provide this list to the Board within 10 days of each anesthesiologist assistant practicing at the licensed North Carolina hospital. The licensed North Carolina hospital shall also provide the Board a list of when each anesthesiologist assistant has stopped practicing at the hospital under this Rule within 10 days after each anesthesiologist assistant has ceased practicing under this Rule;

(C) all anesthesiologist assistants practicing under this Rule shall be authorized to practice in North Carolina and deemed to be licensed in North Carolina and the Board shall have jurisdiction under G.S. 90-14(a) over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1 of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;

(D) anesthesiologist assistants may practice under this section for the shorter of:

(i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or

(ii) a statement is made by an appropriate authority that the emergency or disaster declaration has been withdrawn or ended and, at such time, the license issued shall become inactive; and

(E) anesthesiologist assistants practicing under this Rule shall not receive any compensation outside of their customary compensation for the provision of medical services during a disaster or emergency.

(2) Limited Emergency License: An anesthesiologist assistant who holds an unrestricted license in good standing to practice as an anesthesiologist assistant in another U.S. state, territory, or district may apply for a limited emergency license on the following conditions:

(A) the applicant must complete an application;

(B) the Board shall verify that the anesthesiologist assistant holds an unrestricted license in good standing to practice in another U.S. state, territory, or district;

(C) in response to a declared disaster or state of emergency and in order to best serve the public interest, the Board may limit the anesthesiologist assistant's scope of practice;

(D) the Board shall have jurisdiction under G.S. 90-14(a) over all anesthesiologist assistants practicing under this Rule for all purposes set forth in or related to Article 1

of Chapter 90 of the North Carolina General Statutes, and the Board shall retain jurisdiction over any and all anesthesiologist assistants after they have stopped practicing under this Rule;

(E) this license shall be in effect for the shorter of:

(i) 30 days from the date the anesthesiologist assistant has started practicing under this Rule; or

(ii) a statement is made by an appropriate authority that the emergency or disaster declaration has been withdrawn or ended and, at such time the license issued shall become inactive; and

(F) anesthesiologist assistants holding limited emergency licenses shall not receive any compensation outside of their customary compensation for the provision of [medical services during a disaster or emergency.

History Note: *Authority G.S. 90-5.1(a)(3); 90-12.5; 90-14(a);*
Emergency Adoption Eff. October 2, 2018;
Emergency Adoption Exp. Eff. December 14, 2018;
Eff. July 1, 2019.

Washington Statutes

Chapter Listing

Chapter 18.71D RCW

ANESTHESIOLOGIST ASSISTANTS

Sections

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RCW 18.71D.010

Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Anesthesiologist" means an actively practicing, board-eligible physician licensed under chapter 18.71, 18.71B, or 18.57 RCW who has completed a residency or equivalent training in anesthesiology.

(2) "Anesthesiologist assistant" means a person who is licensed by the commission to assist in developing and implementing anesthesia care plans for patients under the supervision of an anesthesiologist or group of anesthesiologists approved by the commission to supervise such assistant.

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

(4) "Commission" means the Washington medical commission.

(5) "Practice medicine" has the meaning defined in RCW 18.71.011.

(6) "Secretary" means the secretary of health or the secretary's designee.

(7) "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, and personally participating in the most demanding procedures of the anesthesia plan including, if applicable, induction and emergence. These responsibilities may also be met through coordination among anesthesiologists of the same group or department.

[2024 c 362 s 1.]

RCW 18.71D.020

Rules fixing qualifications—Applications—Discipline.

(1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as an anesthesiologist assistant. The requirements shall include completion of an anesthesiologist assistant program accredited by the commission on accreditation of allied health education programs, or successor organization, and within one year successfully taking and passing an examination administered by the national commission for the certification of anesthesiologist assistants or other examination approved by the commission.

(2) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the applicant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW **43.70.250** and **43.70.280**. Each applicant shall furnish proof satisfactory to the commission of the following:

(a) That the applicant has completed an accredited anesthesiologist assistant program approved by the commission and is eligible to take the examination approved by the commission; and

(b) That the applicant is physically and mentally capable of practicing as an anesthesiologist assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as an anesthesiologist assistant.

(3)(a) The commission may approve, deny, or take other disciplinary action upon the application for a license as provided in the uniform disciplinary act, chapter **18.130** RCW.

(b) The license shall be renewed as determined under RCW **43.70.250** and **43.70.280**. The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested.

(4) No person shall practice as an anesthesiologist assistant or represent that they are a "certified anesthesiologist assistant" or "anesthesiologist assistant" or "C.A.A." or "A.A." without a license granted by the commission.

[**2024 c 362 s 2**.]

RCW 18.71D.030

Rules establishing scope of practice—Supervision.

(1) The commission shall adopt rules establishing the requirements and limitations on the practice by and supervision of anesthesiologist assistants, including the number of anesthesiologist assistants an anesthesiologist may supervise concurrently. Unless approved by the commission, an anesthesiologist may not concurrently supervise more than four specific, individual anesthesiologist assistants at any one time.

(2) The commission may adopt rules for the arrangement of other anesthesiologists to serve as backup or on-call supervising anesthesiologists for multiple anesthesiologist assistants.

[**2024 c 362 s 3**.]

RCW 18.71D.040

Permitted duties to be delegated.

(1) An anesthesiologist assistant may not exceed the scope of their supervising anesthesiologist's practice and may assist with those duties and responsibilities delegated to them by the supervising

anesthesiologist, and for which they are competent to assist with based on their education, training, and experience. Duties which an anesthesiologist may delegate to an anesthesiologist assistant include but are not limited to:

(a) Assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes, all to be cosigned by the supervising anesthesiologist within 24 hours;

(b) Administering and assisting with preoperative consultations;

(c) Under the supervising anesthesiologist's consultation and direction, order perioperative pharmaceutical agents, medications, and fluids, to be used only at the facility where ordered, including but not limited to controlled substances, which may be administered prior to the cosignature of the supervising anesthesiologist. The supervising anesthesiologist may review and if required by the facility or institutional policy must cosign these orders in a timely manner;

(d) Changing or discontinuing a medical treatment plan, after consultation with the supervising anesthesiologist;

(e) Calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors, in consultation with an anesthesiologist;

(f) Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;

(g) Assisting with basic and advanced airway interventions, including but not limited to endotracheal intubation, laryngeal mask insertion, and other advanced airways techniques;

(h) Establishing peripheral intravenous lines, including subcutaneous lidocaine use;

(i) Establishing radial and dorsalis pedis arterial lines;

(j) Assisting with general anesthesia, including induction, maintenance, and emergence;

(k) Assisting with procedures associated with general anesthesia, such as but not limited to gastric intubation;

(l) Administering intermittent vasoactive drugs and starting and titrating vasoactive infusions for the treatment of patient responses to anesthesia;

(m) Assisting with spinal and intravenous regional anesthesia;

(n) Maintaining and managing established neuraxial epidurals and regional anesthesia;

(o) Assisting with monitored anesthesia care;

(p) Evaluating and managing patient controlled analgesia, epidural catheters, and peripheral nerve catheters;

(q) Obtaining venous and arterial blood samples;

(r) Assisting with, ordering, and interpreting appropriate preoperative, point of care, intraoperative, or postoperative diagnostic tests or procedures as authorized by the supervising anesthesiologist;

(s) Obtaining and administering perioperative anesthesia and related pharmaceutical agents including intravenous fluids and blood products;

(t) Participating in management of the patient while in the preoperative suite and recovery area;

(u) Providing assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;

(v) Participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and

(w) 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.

(2) Nothing in this section shall be construed to prevent an anesthesiologist assistant from having access to and being able to obtain drugs as directed by the supervising anesthesiologist. An anesthesiologist assistant may not prescribe, order, compound, or dispense drugs, medications, or devices of any kind.

[**2024 c 362 s 4**.]

RCW 18.71D.050

Anesthesiologist's liability, responsibility.

No anesthesiologist who supervises a licensed anesthesiologist assistant in accordance with and within the terms of any permission granted by the commission is considered as aiding and abetting an unlicensed person to practice medicine. The supervising anesthesiologist and anesthesiologist assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 when performed by the anesthesiologist assistant.

[2024 c 362 s 5.]

RCW 18.71D.060

Signing and attesting to required documentation.

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, provided that it is within the anesthesiologist assistant's scope of practice.

[2024 c 362 s 6.]

RCW 18.71D.070

Application of uniform disciplinary act.

(1) The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of licenses and the discipline of licensees under this chapter.

(2) The commission shall consult with the board of osteopathic medicine and surgery when investigating allegations of unprofessional conduct against a licensee who has a supervising anesthesiologist license under chapter 18.57 RCW.

[2024 c 362 s 7.]

Washington Regulations

WAC 246-921-005 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise:

(1) "Anesthesiologist" means an actively practicing, board-eligible physician licensed under chapter 18.71, 18.71B, or 18.57 RCW who has completed a residency or equivalent training in anesthesiology.

(2) "Anesthesiologist assistant" or "certified anesthesiologist assistant" means a person who has successfully completed an accredited anesthesiologist assistant program approved by the commission and has successfully passed the certification exam offered by the National Commission for Certification of Anesthesiologist Assistants (NCCAA), or other exam approved by the commission. These individuals, who may be known as "AA" or "CAA," are licensed by the commission under chapter 18.71D RCW and this chapter to assist in developing and implementing anesthesia care plans for patients under the supervision of an anesthesiologist or group of anesthesiologists approved by the commission to supervise such assistant.

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

(4) "Commission" means the Washington medical commission.

(5) "Commission approved program" means a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited education program specifically designed for training anesthesiologist assistants or other substantially equivalent organization(s) approved by the commission.

(6) "Practice medicine" has the same meaning defined in RCW 18.71.011.

(7) "Supervise" 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, and personally participating in the most demanding procedures of the anesthesia plan including, if applicable, induction and emergence. These responsibilities may also be met through coordination among anesthesiologists of the same group or department. Supervision through remote or telecommunications methods are not permitted under this definition and rule.

[Statutory Authority: RCW 18.71.017, 18.130.050, 18.71D.020, 18.71D.030, and chapter 18.71D RCW. WSR 25-14-053, s 246-921-005, filed 6/26/25, effective 7/27/25.]

WAC 246-921-105 Anesthesiologist assistant—Requirements for licensure. (1) An applicant for licensure as an anesthesiologist assistant must submit to the commission:

(a) A completed application on forms provided by the commission;

(b) Proof the applicant has completed a CAAHEP accredited commission-approved anesthesiologist assistant program and successfully passed the NCCAA examination;

(c) All applicable fees as specified in WAC 246-921-990; and

(d) Other information required by the commission.

(2) The commission will only consider complete applications with all supporting documents for licensure.

(3) Internationally trained individuals do not currently have a pathway to licensure as an anesthesiologist assistant due to ineligibility for the certifying exam offered by NCCAA. Should an exam become available the internationally trained individual may petition the commission for licensure.

[Statutory Authority: RCW 18.71.017, 18.130.050, 18.71D.020, 18.71D.030, and chapter 18.71D RCW. WSR 25-14-053, s 246-921-105, filed 6/26/25, effective 7/27/25.]

WAC 246-921-125 Renewal, continuing medical education cycle, and maintenance of licensure. (1) Under WAC 246-12-020, an initial credential issued within 90 days of the anesthesiologist assistant's birthday does not expire until the anesthesiologist assistant's next birthday.

(2) An anesthesiologist assistant must renew their license every two years on their birthday. Renewal fees are accepted no sooner than 90 days prior to the expiration date.

(3) Each anesthesiologist assistant shall have four years to meet the continuing medical education requirements as required in this section. The review period begins at the second renewal after initial licensure or second renewal after reactivation of an expired license.

(4) An anesthesiologist assistant must complete 200 hours of continuing education every four years as required in chapter 246-12 WAC, which may be audited for compliance at the discretion of the commission.

(5) In lieu of 200 hours of continuing medical education, the commission will accept:

(a) Current certification with the NCCAA;

(b) Compliance with a continuing maintenance of competency program through NCCAA; or

(c) Other programs approved by the commission.

(6) The commission approves the following categories of creditable continuing medical education as accredited by the Accreditation Council for Continuing Medical Education (ACCME) or affiliated education providers. A minimum of 80 credit hours must be earned in Category I.

Category I	Continuing medical education activities with accredited sponsorship through ACCME or recognized affiliated education providers.
Category II	Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience.

(7) The commission adopts the standards approved by the ACCME for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

(8) An anesthesiologist assistant does not need prior approval of any continuing medical education. The commission will accept any continuing medical education that reasonably falls within the requirements of this section and relies upon each anesthesiologist assistant's integrity to comply with these requirements.

(9) A continuing medical education sponsor does not need to apply for or expect to receive prior commission approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited status of the organization or institution. The number of hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The commission relies upon the integrity of the program sponsors to present continuing medical education for the anesthesiologist assistant that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017, 18.130.050, 18.71D.020, 18.71D.030, and chapter 18.71D RCW. WSR 25-14-053, s 246-921-125, filed 6/26/25, effective 7/27/25.]

WAC 246-921-160 Practice limitations and scope of practice. (1) An anesthesiologist assistant is required to have a supervision arrangement with an anesthesiologist or anesthesiologists of the same group or department as provided by this chapter. The supervision arrangements are not required to be filed with the commission.

(2) Duties which an anesthesiologist may delegate to an anesthesiologist assistant include, but are not limited to:

(a) Assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes, all to be cosigned by the supervising anesthesiologist within 24 hours;

(b) Administering and assisting with preoperative consultations;

(c) Under the supervising anesthesiologist's consultation and direction, order perioperative pharmaceutical agents, medications, and fluids, to be used only at the facility where ordered including, but not limited to, controlled substances, which may be administered prior to the cosignature of the supervising anesthesiologist. The supervising anesthesiologist may review and if required by the facility or institutional policy must cosign these orders in a timely manner;

For the purposes of this section, an anesthesiologist assistant may place an order for pharmaceutical agents, medications, and fluids under the consultation, direction, and prescriptive authority of the anesthesiologist. The anesthesiologist assistant does not have independent prescriptive authority.

(d) Changing or discontinuing a medical treatment plan, after consultation with the supervising anesthesiologist;

(e) Calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors, in consultation with an anesthesiologist;

(f) Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;

(g) Assisting with basic and advanced airway interventions including, but not limited to, endotracheal intubation, laryngeal mask insertion, and other advanced airways techniques;

(h) Establishing peripheral intravenous lines, including subcutaneous lidocaine use;

(i) Establishing radial and dorsalis pedis arterial lines;

(j) Assisting with general anesthesia, including induction, maintenance, and emergence;

(k) Assisting with procedures associated with general anesthesia such as, but not limited to, gastric intubation;

(l) Administering intermittent vasoactive drugs and starting and titrating vasoactive infusions for the treatment of patient responses to anesthesia;

(m) Assisting with spinal and intravenous regional anesthesia;

(n) Maintaining and managing established neuraxial epidurals and regional anesthesia;

(o) Assisting with monitored anesthesia care;

(p) Evaluating and managing patient-controlled analgesia, epidural catheters, and peripheral nerve catheters;

(q) Obtaining venous and arterial blood samples;

(r) Assisting with, ordering, and interpreting appropriate preoperative, point of care, intraoperative, or postoperative diagnostic tests or procedures as authorized by the supervising anesthesiologist;

(s) Obtaining and administering perioperative anesthesia and related pharmaceutical agents including intravenous fluids and blood products;

(t) Participating in management of the patient while in the preoperative suite and recovery area;

(u) Providing assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;

(v) Participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and

(w) 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.

(3) Nothing in this section shall be construed to prevent an anesthesiologist assistant from having access to and being able to obtain drugs as directed by the supervising anesthesiologist.

(4) An anesthesiologist assistant may not prescribe, order, compound, or dispense drugs, medications, or devices of any kind except as authorized in subsection (2) of this section.

(5) 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, provided that it is within the anesthesiologist assistant's scope of practice.

[Statutory Authority: RCW 18.71.017, 18.130.050, 18.71D.020, 18.71D.030, and chapter 18.71D RCW. WSR 25-14-053, s 246-921-160, filed 6/26/25, effective 7/27/25.]

Project 8417 - NOIRA

Board of Medicine

Licensure of Anesthesiologist Assistants

Chapter 180

Regulations Governing the Practice of Anesthesiologist Assistants

18VAC85-180-10. Definitions.

To be entered after draft is complete.

18VAC85-180-20. Current name and address.

Each licensee shall furnish the licensee's current name and address of record to the board. All notices required by law or by this chapter are validly given when sent to the latest address of record provided by the licensee. The licensee shall furnish any change in address of record or public address to the board within 30 days of such change.

18VAC85-180-30. Fees.

The following fees are required:

1. The application fee for licensure, payable at the time the application is filed, shall be $130.

2. The biennial fee for renewal of active licensure shall be $135 and for renewal of inactive licensure shall be $70, payable in each odd-numbered year in the license holder's birth month. For 2021, the renewal fee for an active license shall be $108, and the renewal fee for an inactive license shall be $54.

3. The additional fee for late renewal of licensure within one renewal cycle shall be $50.

4. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be $180 and shall be submitted with an application for licensure reinstatement.

5. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be $2,000.

6. The fee for a duplicate license shall be $5, and the fee for a duplicate wall certificate shall be $15.

7. The handling fee for a returned check or a dishonored credit card or debit card shall be $50.

8. The fee for a letter of good standing or letter of verification to another jurisdiction shall be $10.

18VAC85-180-40. Initial licensure.

What requirements must be listed for initial licensure aside from normal requirements and those in statute?

Regulation will include:

- **Fee**
- **Application**
- **Successful completion of AA program accredited by the Commission on Accreditation of Allied Health Programs or its predecessor or successor organizations (§ 54.1-2957.23(C)(1))**
- **Passage of certifying examination administered by National Commission for Certification of Anesthesiologist Assistants (note, statute allows for "other examination required by the board") (§ 54.1-2957.23(C)(2))**
- **NPDB report**

18VAC85-180-50. Licensure by endorsement.

An applicant for licensure by endorsement shall submit the following:

1. Evidence of a current, active license in a United States jurisdiction or Canada that is in good standing;

2. A completed application and fee; and

3. A current report from the NPDB.

18VAC85-180-60. Renewal of license.

A. Each licensee shall renew registration biennially each odd-numbered year during the licensee's birth month. The licensee shall submit:

1. The prescribed renewal fee; and

2. An attestation to completion of continuing education requirements of 18VAC85-180-90.

B. Failure to renew a license by the first day of the month following the month in which renewal is required results in a lapsed license. Practice with a lapsed license may be grounds for disciplinary action.

18VAC85-180-70. Inactive licensure.

A. A licensed anesthesiologist assistant who holds a current, unrestricted license in Virginia shall, upon a request at the time of renewal and submission of the required fee, be issued an inactive license.

1. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice as an anesthesiologist assistant in Virginia.

2. The holder of an inactive license shall not be required to meet continuing education requirements, except as may be required for reactivation in subsection B.

B. An anesthesiologist assistant who holds an inactive license may reactivate the license by:

1. Paying the difference between the renewal fee for an inactive license and that of an active license for the biennium in which the license is being reactivated; and

2. Providing proof of completion of the number of continuing competency hours required for the period in which the license has been inactive, not to exceed four years.

18VAC85-180-80. Reinstatement.

A. To reinstate a license that has been lapsed for two or more years, an applicant shall submit:

1. An application for reinstatement;

2. The appropriate fee; and

3. One of the following:

a. Evidence of a current, active, and unrestricted license in another United States jurisdiction; or

b. Attestation of meeting requirements for continuing education as specified in 18VAC85-180-90 for each biennium in which the license has been inactive or lapsed, not to exceed four years.

B. Any person applying for reinstatement whose license has been suspended or revoked by the board shall submit:

1. An application for reinstatement; and

2. The appropriate fee.

C. All applicants for reinstatement shall provide a current report from the NPDB.

18VAC85-180-90. Continuing education requirements.

What continuing education, if any, should be required?

What number of hours *per biennium* should be required?

18VAC85-180-100. Scope of practice.

See examples provided from other jurisdictions. What should scope of practice list here?

18VAC85-180-110. Supervision.

§ 54.1-2957.23(F) requires practice under the supervision of an anesthesiologist.

See examples provided from other jurisdictions.

What supervision requirements should be in place? Is the anesthesiologist immediately available and in the same room, for example.

18VAC85-180-120. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-180-130. Patient records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall properly manage and keep timely, accurate, legible, and complete patient records.

C. Practitioners who are employed by a health care institution or other entity in which the individual practitioner does not own or maintain the individual practitioner's records shall maintain patient records in accordance with the policies and procedures of the employing entity.

18VAC85-180-140. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;

2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;

3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner-patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-180-150. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, "sexual contact" includes but is not limited to sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or

2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs within the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the practitioner-patient relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient neither changes the nature of the conduct nor negates the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care. For purposes of this section, "key third party of a patient" means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-180-160. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

The travel regulations require that "travelers must submit the Travel Expense Reimbursement Voucher within 30 days after completion of their trip". (CAPP Topic 20335, State Travel Regulations, p.7). Vouchers submitted after the 30-day deadline cannot be approved.

In order for the agency to be in compliance with the state travel regulations, please submit your request for today's meeting on or before

February 23, 2026