

**MINA'TRENTAI DOS NA LIHESLATURAN GUAHAN
2014 (SECOND) Regular Session**

Bill No. 381 -32 (COR)

Introduced by:

D.G. RODRIGUEZ, JR. 

**AN ACT TO ESTABLISH THE ANESTHESIOLOGIST
ASSISTANT ACT, BY *ADDING* A NEW ARTICLE 25
TO CHAPTER 12, PART 2, TITLE 10, GUAM CODE
ANNOTATED.**

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1 **BE IT ENACTED BY THE PEOPLE OF GUAM:**

2 **Section 1. Legislative Findings and Intent:** *I Liheslaturan Guåhan* finds
3 that the providing of healthcare services by Guam's medical community, for
4 surgical or other procedures requiring anesthesia, would positively benefit from the
5 recognition and establishment of the allied healthcare practice of Anesthesiologist
6 Assistant. A qualified anesthesiologist assistant is an allied healthcare who has
7 satisfactorily completed an anesthesiologist assistant program granting a Master's
8 degree, has been certified by the National Commission for Certification of
9 Anesthesiologist Assistants (NCCAA) and has been credentialed by the institution.

10 *I Liheslaturan Guåhan* duly notes that since anesthesiologist assistants are
11 not trained to make medical judgments, all states require direct supervision by the
12 anesthesiologist and participation in care provided by the anesthesiologist assistant.
13 Further, although the anesthesiologist assistant is an advanced level allied health
14 care worker, he is *not* an independent practitioner. Generally, all state statutes and
15 regulations specify the requirements for medical direction of anesthesiologist
16 assistants by an anesthesiologist legally authorized to deliver anesthesia services.
17 Generally, state statutes and regulations that license anesthesiologist assistants, or

1 permit them to practice pursuant to specifically delegated anesthesiologist
2 authority, require the direct supervising participation by the anesthesiologist.

3 State regulations generally require both direct and immediate supervision of
4 anesthesiologist assistants by a qualified anesthesiologist. Further, relative to the
5 level of supervision, all require that they be directed or supervised by an
6 anesthesiologist, who is, (1) is physically present in the room during induction and
7 emergence; (2) is not concurrently performing any other anesthesiology
8 procedure independently upon another patient; and (3) is available to provide
9 immediate physical presence in the room.

10 In many situations, anesthesia care is rendered through use of an anesthesia
11 care team in which an anesthesiologist concurrently medically directs nurse
12 anesthetists and/or anesthesiologist assistants in the performance of the technical
13 aspects of anesthesia care. Anesthesiologists engaged in medical direction are
14 responsible for the pre-anesthetic medical evaluation of the patient, prescription,
15 and implementation of the anesthesia plan, personal participation in the most
16 demanding procedures of the plan (including induction and emergence), following
17 the course of anesthesia administration at frequent intervals, remaining physically
18 available for the immediate treatment of emergencies and providing indicated post-
19 anesthesia care.

20 Subject to the limitation that anesthesiologist assistants are not trained to
21 make medical judgments, an anesthesiologist assistant may, under medical
22 direction by an anesthesiologist who has assumed responsibility for the
23 performance of anesthesia care (collectively, the “responsible anesthesiologist”):

1 • Provide non-medical assessment of the patient’s health status as
2 it relates to the relative risks involved with anesthetic management of the
3 patient during performance of the operative procedure;

4 • Based on the health status of the patient, determine, in
5 consultation with the responsible anesthesiologist , and administer the
6 appropriate anesthesia plan (i.e., selection and administration of anesthetic
7 agents, airway management, monitoring and recording of vital signs, support
8 of life functions, use of mechanical support devices and management of
9 fluid, electrolyte and blood component balance);

10 • Recognize and, in consultation with the responsible
11 anesthesiologist, take appropriate corrective action to counteract problems
12 that may develop during implementation of the anesthesia plan;

13 • Provide necessary, normal post-anesthesia nonmedical care in
14 consultation with the responsible anesthesiologist; and

15 • Provide such other services as may be determined by the
16 responsible anesthesiologist.

17 It is the *intent* of *I Liheslaturan Guåhan* to establish the practice of
18 Anesthesiologist Assistant, and to designate the Guam Board of Medical
19 Examiners as the governing body; which *shall* have full regulatory purview and
20 administrative authority over the licensure and conduct of the anesthesiologist
21 assistant.

22 **Section 2.** A NEW Article 25, is hereby *ADDED* to Chapter 12, Part 2, Title
23 10, Guam Code Annotated, to read:

24 **“ARTICLE 25**

Anesthesiologist Assistant Act

- 1
- 2 § 122500. Short Title.
- 3 § 122501. Definitions.
- 4 § 122502. Rules; Promulgation.
- 5 § 122503. Qualifications for Licensure.
- 6 § 122504. Application for Licensure; Requirements for Anesthesiologist
- 7 Assistants.
- 8 § 122505. Requirements for Approval of Training Programs.
- 9 § 122506. Performance of Supervising Anesthesiologist.
- 10 § 122507. Licensure; Registration of Anesthesiologist Assistant.
- 11 § 122508. Performance of Anesthesiologist Assistant.
- 12 § 122509. Registration of Anesthesiologist Assistant Supervision.
- 13 § 122510. Renewal of License.
- 14 § 122511. Annual Registration of Employment; Change.
- 15 § 122512. Anesthesiologist Assistant Protocols and Performance.
- 16 § 122513. Identification.
- 17 § 122514. Direct Supervision Required.
- 18 § 122515. Supervision ratio; one-to-three (1:3); Limited.
- 19 § 122516. Exceptions to Licensure Requirement.

1 § 122517. Prescriptive Authority; Limited to delegation by prescribing
2 anesthesiologist.

3 § 122500. **Short Title.** This Article may be cited as the Anesthesiologist
4 Assistant Act.

5 § 122501. **Definitions.** For purposes of this Article, the following words
6 and phrases have been defined to mean:

7 (a) “**Board**” means the Guam Board of Medical Examiners; which *shall*
8 have regulatory purview and administrative authority over the licensure and
9 conduct of the anesthesiologist assistant;

10 (b) “**Anesthesiologist**” means an anesthesiologist who holds an active,
11 unrestricted licensed to practice medicine in Guam; who has successfully
12 completed an anesthesiology training program certified and approved by the
13 Accreditation Council on Graduate Medical Education, or its equivalent; or the
14 American Osteopathic Association, and who is certified by the American
15 Osteopathic Board of Anesthesiology or is a candidate to take that board’s
16 examination; or is certified by the American Board of Anesthesiology or is eligible
17 to take that board’s examination;

18 (c) “**Anesthesiologist assistant**” means a graduate of an approved program
19 who is licensed to perform medical services delegated and directly supervised by a
20 supervising anesthesiologist. A *licensed* anesthesiologist assistant means a skilled
21 person who has passed the nationally recognized examination administered
22 through the National Commission on Certification of Anesthesiologist Assistants,
23 and is licensed by the Board who may be employed by a medical practice to assist

1 an anesthesiologist in developing and implementing anesthesia care plans for
2 patients, while *solely* under the direct supervision and direction of the
3 anesthesiologist who is responsible for the performance of that anesthesiologist
4 assistant;

5 (d) “*Anesthesiology*” means the practice of medicine that specializes in the
6 relief of pain during and after surgical procedures and childbirth, during certain
7 chronic disease processes, and during resuscitation and critical care of patients in
8 the operating room and intensive care environments.

9 (e) “*Applicant*” means a person who is applying to the Board for a license
10 as an anesthesiologist assistant;

11 (f) “*Approved Program*” as herein used refers to a program, for the
12 education and training of anesthesiologist assistants approved by the Board, and,
13 from an institution accredited by the Committee on Allied Health Education and
14 Accreditation (CAHEA) or the Commission on Accreditation of Allied Health
15 Education Programs (CAAHEP) that is specifically designed to train an individual
16 to administer general or regional anesthesia as an Anesthesiologist Assistant, and
17 as further required by the Board pursuant to this Article and applicable rules and
18 regulations;

19 (g) “*Continuing medical education*” means courses recognized and
20 approved by the Board, the sources of which include, but are not limited to,
21 programs and courses recognized by the American Academy of Physician
22 Assistants, the American Medical Association, the American Osteopathic
23 Association, the American Academy of Anesthesiologist Assistants, the American
24 Society of Anesthesiologists, or the Accreditation Council on Continuing Medical
25 Education.

1 (h) *“Direct supervision”* as used herein means the on-site and physically in
2 immediate proximity of the patient and, personal supervision by an
3 anesthesiologist who is present in the office when the procedure is being
4 performed in that office, or is present in the surgical or obstetrical suite when the
5 procedure is being performed in that surgical or obstetrical suite and who is in all
6 instances immediately available to provide assistance and direction to the
7 anesthesiologist assistant while anesthesia services are being performed.

8 (i) *“Examination”* means the examination administered through the
9 National Commission on Certification of Anesthesiologist Assistants (NCCAA) as
10 the proficiency examination required for licensure as an anesthesiologist assistant.

11 (j) *“License”* means an authorization by the Board to practice as an
12 anesthesiologist assistant;

13 (k) *“Supervising anesthesiologist”* means a licensed anesthesiologist who
14 is registered by the Board to supervise an anesthesiologist assistant.

15 **§ 122502. Rules; Promulgation.**

16 (a) The Board may adopt and enforce reasonable rules:

17 (1) For setting qualifications of education, skill and experience for
18 licensure of a person as an anesthesiologist assistant;

19 (2) For providing procedures and forms for licensure and annual
20 registration;

21 (3) For examining and evaluating applicants for licensure as an
22 anesthesiologist assistant regarding the required skill, knowledge and

1 experience in developing and implementing anesthesia care plans under
2 supervision;

3 (4) For allowing a supervising anesthesiologist to temporarily
4 delegate his supervisory responsibilities for an anesthesiologist assistant to
5 another anesthesiologist;

6 (5) For allowing an anesthesiologist assistant to temporarily serve
7 under the supervision of an anesthesiologist other than the supervising
8 anesthesiologist with whom the anesthesiologist assistant is registered; and

9 (6) To carry out the provisions of the Anesthesiologist Assistants Act.

10 (b) The Board shall not adopt a rule allowing an anesthesiologist assistant to
11 perform procedures outside the anesthesiologist assistant's scope of practice.

12 (c) The Board shall adopt rules, to include, but not limited to:

13 (1) Establishing requirements for anesthesiologist assistant licensing,
14 including:

15 i. Completion of a graduate level training program
16 accredited by the commission on accreditation of allied health
17 education programs;

18 ii. Successful completion of a certifying examination for
19 anesthesiologist assistants administered by the national commission
20 for the certification of anesthesiologist assistants; and

21 iii. Current certification, recognized by the Board, in
22 advanced cardiac life-support techniques;

1 (2) Establishing minimum requirements for continuing education of
2 not less than forty hours every two years;

3 (3) Requiring adequate identification of the anesthesiologist assistant
4 to patients and others;

5 (4) Requiring the presence, except in cases of emergency, and the
6 documentation of the presence, of the supervising anesthesiologist in the
7 operating room during induction of a general or regional anesthetic and
8 during emergence from a general anesthetic, the presence of the supervising
9 anesthesiologist within the operating suite and immediate availability to the
10 operating room at other times when the anesthetic procedure is being
11 performed and requiring that the anesthesiologist assistant comply with the
12 above restrictions;

13 (5) Requiring the supervising anesthesiologist to ensure that all
14 activities, functions, services, and treatment measures are properly
15 documented in written form by the anesthesiologist assistant. The anesthesia
16 record shall be reviewed, countersigned, and dated by the supervising
17 anesthesiologist;

18 (6) Requiring the anesthesiologist assistant to inform the supervising
19 anesthesiologist of serious adverse events;

20 (7) Establishing the number of anesthesiologist assistants a
21 supervising anesthesiologist may supervise at one time, which number,
22 except in emergency cases, shall not exceed three (3). An anesthesiologist
23 *shall not* concurrently supervise or direct, *except in emergency cases*, more

1 than four (4) anesthesia providers and only if they are a licensed
2 anesthesiologist assistant; and

3 (d) Within three (3) months of the date on which the Anesthesiologist
4 Assistant Act becomes effective, providing for enhanced supervision at the
5 commencement of an anesthesiologist assistant's practice.

6 (e) Establish appropriate fees.

7 **§ 122503. Qualifications for Licensure.**

8 (a) Program Approval. The Board *shall* approve programs for the education
9 and training of anesthesiologist assistants which meet standards established by
10 board rules. The board *shall* recommend only those anesthesiologist assistant
11 training programs that hold full accreditation or provisional accreditation from the
12 Commission on Accreditation of Allied Health Education Programs.

13 (b) Licensed anesthesiology assistant's *shall* be graduates of programs
14 approved and recognized by the Board and approved by the Anesthesiologist
15 Assistant Examining Committee from an institution accredited by the Committee
16 on Allied Health Education and Accreditation (CAHEA) or the Commission on
17 Accreditation of Allied Health Education Programs (CAAHEP) that is specifically
18 designed to train an individual to administer general or regional anesthesia.

19 (c) Licensed anesthesiology assistants *shall* have passed a proficiency
20 examination developed and administered by the National Commission for
21 Certification of Anesthesiologist Assistants (NCCAA), or its successor.

1 (d) Licensed anesthesiologist assistant's *shall* meet all other requisite
2 educational requirements established by the Board pursuant to § 122502 of this
3 Article.

4 **§ 122504. Application for Licensure; Requirements for Anesthesiologist**
5 **Assistants.**

6 (a) Application for Licensure.

7 (1) All persons applying for licensure as an anesthesiologist assistant
8 shall submit an application to the Board on forms approved by Board.

9 (2) The application may not be used for more than one year from the
10 date of original submission of the application and fee. After one year from
11 the date that the original application and fee have been received in the Board
12 office, a new application and fee shall be required from any applicant who
13 desires licensure as an anesthesiologist assistant.

14 (3) All application information must be submitted no later than 15
15 days prior to the meeting at which the applicant desires his or her application
16 to be considered.

17 (b) Requirements for Licensure.

18 (1) All applicants for licensure as an anesthesiologist assistant must
19 submit an application as set forth in paragraph (1) above. The applicant
20 must meet all of the requirements of Article, and the applicant must submit
21 two personalized and individualized letters of recommendation from
22 anesthesiologists. Letters of recommendation must be composed and signed
23 by the applicant's supervising physician, or, for recent graduates, the faculty

1 physician, and give details of the applicant's clinical skills and ability. Each
2 letter must be addressed to the Board and must have been written no more
3 than six months prior to the filing of the application for licensure.

4 (2) The applicant must have obtained a passing score on the
5 examination administered through the NCCAA. The passing score shall be
6 established by the NCCAA.

7 (3) The applicant must be certified in advanced cardiac life support.

8 (4) The applicant must submit notarized statements containing the
9 following information:

10 (i) Completion of three hours of all Category I, American
11 Medical Association Continuing Medical Education or American
12 Osteopathic Association approved Category I-A continuing education
13 related to the practice of osteopathic medicine or under osteopathic
14 auspices which includes the topics of Human Immunodeficiency
15 Virus and Acquired Immune Deficiency Syndrome: the disease and its
16 spectrum of clinical manifestations: epidemiology of the disease;
17 related infections including TB; treatment, counseling, and
18 prevention; transmission from healthcare worker to patient and patient
19 to healthcare worker; universal precautions and isolation techniques;
20 and legal issues related to the disease. If the applicant has not already
21 completed the required continuing medical education, upon
22 submission of an affidavit of good cause, the applicant will be allowed
23 six months to complete this requirement.

1 (ii) Completion of one hour of continuing medical education on
2 domestic violence which includes information on the number of
3 patients in that professional's practice who are likely to be victims of
4 domestic violence and the number who are likely to be perpetrators of
5 domestic violence, screening procedures for determining whether a
6 patient has any history of being either a victim or a perpetrator of
7 domestic violence, and instruction on how to provide such patients
8 with information on, or how to refer such patients to, resources in the
9 local community such as domestic violence centers and other
10 advocacy groups, that provide legal aid, shelter, victim counseling,
11 batterer counseling, or child protection services, and which is
12 approved by any state or federal government agency, or nationally
13 affiliated professional association, or any provider of Category I or II
14 American Medical Association Continuing Medical Education or
15 American Osteopathic Association approved Category I-A continuing
16 education related to the practice of osteopathic medicine or under
17 osteopathic auspices. Home study courses approved by the above
18 agencies will be acceptable. If the applicant has not already completed
19 the required continuing medical education, upon submission of an
20 affidavit of good cause, the applicant will be allowed six months to
21 complete this requirement.

22 (iii) Completion of two hours of continuing medical education
23 relating to prevention of medical errors which includes a study of root
24 cause analysis, error reduction and prevention, and patient safety, and
25 which is approved by any state or federal government agency, or
26 nationally affiliated professional association, or any provider of

1 Category I or II American Medical Association Continuing Medical
2 Education or American Osteopathic Association-approved Category I-
3 A continuing education related to the practice of osteopathic medicine
4 or under osteopathic auspices.

5 **§ 122505. Requirements for Approval of Training Programs.**

6 Anesthesiologist Assistant programs approved and recognized by the Board
7 must hold full accreditation or provisional (initial) accreditation from the
8 Committee on Accreditation of Allied Health Education Programs (CAAHEP), or
9 its successor.

10 The Board may provide for, by regulation, any and all additional
11 requirements deemed necessary to ensure an appropriate, high standard of training
12 and competence are met and maintained.

13 **§ 122506. Performance of Supervising Anesthesiologist.**

14 (a) An anesthesiologist who directly supervises an anesthesiologist assistant
15 must be qualified in the medical areas in which the anesthesiologist assistant
16 performs and is liable for the performance of the anesthesiologist assistant. An
17 anesthesiologist may only concurrently supervise three (3) anesthesiologist
18 assistants at the same time. The Board may, by rule, allow an anesthesiologist to
19 supervise up to four (4) anesthesiologist assistants under certain limited
20 circumstances deemed to be safely appropriate, and which *shall* be specifically
21 delineated.

22 (b) An anesthesiologist or group of anesthesiologists must, upon
23 establishing a supervisory relationship with an anesthesiologist assistant, file with
24 the board a written protocol that includes, at a minimum:

1 (1) The name, address, and license number of the anesthesiologist
2 assistant.

3 (2) The name, address, license number, and federal Drug
4 Enforcement Administration number of each physician who will be
5 supervising the anesthesiologist assistant.

6 (3) The address of the anesthesiologist assistant's primary practice
7 location and the address of any other locations where the anesthesiologist
8 assistant may practice.

9 (4) The date the protocol was developed and the dates of all revisions.

10 (5) The signatures of the anesthesiologist assistant and all supervising
11 physicians.

12 (6) The duties and functions of the anesthesiologist assistant.

13 (7) The conditions or procedures that require the personal provision
14 of care by an anesthesiologist.

15 (8) The procedures to be followed in the event of an anesthetic
16 emergency.

17 The protocol *shall* be on file with the Board *before* the anesthesiologist
18 assistant may practice with the anesthesiologist or group. An anesthesiologist
19 assistant *shall* not practice unless a written protocol has been filed for that
20 anesthesiologist assistant in accordance with this paragraph, and the
21 anesthesiologist assistant may only practice under the direct supervision of an
22 anesthesiologist who has signed the protocol. The protocol must be updated
23 biennially.

1 **§ 122507. Licensure; registration of anesthesiologist assistant.**

2 (a) The Board may license qualified persons as anesthesiologist assistants.

3 (b) A person shall not perform, attempt to perform or hold himself out as an
4 anesthesiologist assistant until he is licensed by the Board as an anesthesiologist
5 assistant and has registered his supervising licensed anesthesiologist in accordance
6 with Board regulations.

7 **§ 122508. Performance of Anesthesiologist Assistant.**

8 (a) An anesthesiologist assistant may assist an anesthesiologist in developing
9 and implementing an anesthesia care plan for a patient. In providing assistance to
10 an anesthesiologist, an anesthesiologist assistant may perform duties established by
11 rule by the board in any of the following functions that are included in the
12 anesthesiologist assistant's protocol while under the direct supervision of an
13 anesthesiologist:

14 1. Obtain a comprehensive patient history and present the history to
15 the supervising anesthesiologist.

16 2. Pretest and calibrate anesthesia delivery systems and monitor,
17 obtain, and interpret information from the systems and monitors.

18 3. Assist the supervising anesthesiologist with the implementation of
19 medically accepted monitoring techniques.

20 4. Establish basic and advanced airway interventions, including
21 intubation of the trachea and performing ventilatory support.

1 5. Administer intermittent vasoactive drugs and start and adjust
2 vasoactive infusions.

3 6. Administer anesthetic drugs, adjuvant drugs, and accessory drugs.

4 7. Assist the supervising anesthesiologist with the performance of
5 epidural anesthetic procedures and spinal anesthetic procedures.

6 8. Administer blood, blood products, and supportive fluids.

7 9. Support life functions during anesthesia health care, including
8 induction and intubation procedures, the use of appropriate mechanical
9 supportive devices, and the management of fluid, electrolyte, and blood
10 component balances.

11 10. Recognize and take appropriate corrective action for abnormal
12 patient responses to anesthesia, adjunctive medication, or other forms of
13 therapy.

14 11. Participate in management of the patient while in the post-
15 anesthesia recovery area, including the administration of any supporting
16 fluids or drugs.

17 12. Perform other tasks not prohibited by law that are delegated by
18 the supervising licensed anesthesiologist, and for which the anesthesiologist
19 assistant has been trained and is proficient to perform.

20 (b) Nothing in this section or chapter shall prevent third-party payors from
21 reimbursing employers of anesthesiologist assistants for covered services rendered
22 by such anesthesiologist assistants.

1 (c) An anesthesiologist assistant must clearly convey to the patient that he
2 or she is an anesthesiologist assistant.

3 (d) An anesthesiologist assistant may perform anesthesia tasks and services
4 within the framework of a written practice protocol developed between the
5 supervising anesthesiologist and the anesthesiologist assistant.

6 (e) An anesthesiologist assistant may not prescribe, order, or compound any
7 controlled substance, legend drug, or medical device, nor may an anesthesiologist
8 assistant dispense sample drugs to patients. Nothing in this paragraph prohibits an
9 anesthesiologist assistant from administering legend drugs or controlled
10 substances; intravenous drugs, fluids, or blood products; or inhalation or other
11 anesthetic agents to patients which are ordered by the supervising anesthesiologist
12 and administered while under the direct supervision of the supervising
13 anesthesiologist.

14 (f) An anesthesiologist assistant *shall* not administer or monitor general or
15 regional anesthesia unless the supervising anesthesiologist:

16 (1) Is physically present in the room during induction and emergence;

17 (2) Is not concurrently performing any other anesthesiology
18 procedure independently upon another patient; and

19 (3) Is available to provide immediate physical presence in the room.

20 **§ 122509. Registration of Anesthesiologist Assistant Supervision.**

21 Prior to practicing on Guam, the anesthesiologist assistant shall present for
22 approval of the Board of Medical Examiners a completed application for
23 supervision by a Guam- licensed anesthesiologist. The practice of the

1 anesthesiologist assistant must fall within the practice of the supervising
2 anesthesiologist with whom the anesthesiologist assistant is registered. In the
3 event of any changes of supervising anesthesiologist, the names of the supervising
4 anesthesiologist s must be provided to the Board. The Board must be notified at
5 least ten (10) days prior to the effective date of change. Practicing without a
6 supervising anesthesiologist shall be grounds for disciplinary action, including
7 revocation of license.

8 **§ 122510. Renewal of License.**

9 Each licensed Anesthesiologist assistant *shall* present evidence of current
10 certification, and recertification through the National Commission on Certification
11 of Anesthesiologist Assistants, or its successor, every two (2) years for renewal of
12 license.

13 **§ 122511. Annual registration of employment; change.**

14 (a) Upon becoming licensed, the Board *shall* register the anesthesiologist
15 assistant on the anesthesiologist assistants' roster, including his name, address and
16 other board-required information and the anesthesiologist assistant's supervising
17 anesthesiologist's name and address.

18 (b) Annually, each anesthesiologist assistant *shall* register with the Board,
19 providing the anesthesiologist assistant's current name and address, the name and
20 address of the supervising anesthesiologist for whom he is working and any
21 additional information required by the Board. Failure to register annually will
22 result in the anesthesiologist assistant being required to pay a late fee or having his
23 license placed on inactive status.

1 (c) Every two years, each licensed anesthesiologist assistant in Guam shall
2 submit proof of completion of board-required continuing education to the Board.

3 (d) The registration of an anesthesiologist assistant *shall* be void upon
4 changing his supervising anesthesiologist, until the anesthesiologist assistant
5 registers a new supervising anesthesiologist with the Board, accompanied by a
6 change in supervision fee, in an amount to be determined by the Board.

7 **§ 122512. Anesthesiologist Assistant Protocols and Performance.**

8 (a) Every anesthesiologist or group of anesthesiologists, upon entering into
9 supervisory relationship with an anesthesiologist assistant *shall* file with the Board
10 a written, protocol, to include, at a minimum, the following:

11 (1) Name, address, and license number of the anesthesiologist
12 assistant;

13 (2) Name, address, license number and federal Drug Enforcement
14 Administration (DEA) number of each Anesthesiologist who will supervise
15 the anesthesiologist assistant;

16 (3) Address of the anesthesiologist assistant's primary practice
17 location and any other locations where the assistant may practice;

18 (4) The date the protocol was developed and the dates of all
19 revisions;

20 (5) The designation and signature of the primary supervising
21 anesthesiologist;

1 (6) Signatures of the anesthesiologist assistant and all supervising
2 anesthesiologists;

3 (7) The duties and functions of the anesthesiologist assistant;

4 (8) Conditions or procedures that require the personal provision of
5 care by an anesthesiologist;

6 (9) The procedures to be followed in the event of an anesthetic
7 emergency.

8 (b) The protocol *shall* be on file with the Board prior to the time the
9 anesthesiologist assistant begins practice with the anesthesiologist or the
10 anesthesiology group.

11 (c) The protocol must be updated biennially.

12 (d) Anesthesiologist assistants may perform the following duties under the
13 direct supervision of an anesthesiologist and as set forth in the protocol outlined in
14 paragraph (1) above:

15 (1) Obtaining a comprehensive patient history and presenting the
16 history to the supervising anesthesiologist;

17 (2) Pretesting and calibration of anesthesia delivery systems and
18 monitoring, obtaining and interpreting information from the systems and
19 monitors;

20 (3) Assisting the anesthesiologist with implementation of monitoring
21 techniques:

1 (4) Establishing basic and advanced airway interventions, including
2 intubations of the trachea and performing ventilatory support;

3 (5) Administering intermittent vasoactive drugs and starting and
4 adjusting vasoactive infusions;

5 (6) Administering anesthetic drugs, adjuvant drugs, and accessory
6 drugs;

7 (7) Assisting the anesthesiologist with the performance of epidural
8 anesthetic procedures and spinal anesthetic procedures;

9 (8) Administering blood, blood products, and supportive fluids;

10 (9) Supporting life functions during anesthesia health care, including
11 induction and intubation procedures, the use of appropriate mechanical
12 supportive devices, and the management of fluid, electrolyte, and blood
13 component balances.

14 (10) Recognizing and taking appropriate corrective action for
15 abnormal patient responses to anesthesia, adjunctive medication or other
16 forms of therapy;

17 (11) Participating in management of the patient while in the post-
18 anesthesia recovery area, including the administration of supporting fluids;

19 (12) Perform other tasks not prohibited by law that are delegated by
20 the supervising licensed anesthesiologist, and for which the anesthesiologist
21 assistant has been trained and is proficient to perform.

1 (e) The supervising anesthesiologist *shall* delegate *only* tasks and
2 procedures to the anesthesiologist assistant which are within the supervising
3 physician's scope of practice. The anesthesiologist assistant may work in any
4 setting that is within the scope of practice of the supervising anesthesiologist's
5 practice.

6 (f) Continuity of Supervision in practice settings *shall* require the
7 anesthesiologist assistant to document in the anesthesia record any change in
8 supervisor.

9 (g) All tasks and procedures performed by the anesthesiologist assistant
10 must be documented in the appropriate medical record.

11 **§ 122513. Identification.**

12 (a) While working, the anesthesiologist assistant *shall* wear or display
13 appropriate identification, clearly indicating that he or she is an anesthesiologist
14 assistant.

15 (b) The anesthesiologist assistant's license *shall* be displayed in the office,
16 and any satellite operation in which the anesthesiologist assistant may function.

17 (c) A anesthesiologist assistant *shall* not advertise him or herself in any
18 manner that would mislead the patients of the supervising anesthesiologist or the
19 public.

20 **§ 122514. Direct Supervision Required.**

21 (a) Tasks performed by the anesthesiologist assistant must be under the
22 direct supervision of a registered supervising anesthesiologist.

1 (b) All medical records *shall* be reviewed and co-signed by the approved
2 supervising anesthesiologist within seven (7) days.

3 (c) Upon being duly licensed by the Board, the licensee *shall* have his or her
4 name, address and other pertinent information enrolled by the Board on a roster of
5 licensed anesthesiologist assistants.

6 (d) Not more than three (3) currently licensed anesthesiologist assistants
7 may be supervised by a licensed anesthesiologist at any one time, except as *may* be
8 otherwise provided pursuant to § 122506(a).

9 (e) If no registered supervising anesthesiologist is available to supervise the
10 anesthesiologist assistant, the anesthesiologist assistant *shall* not perform patient
11 care activities.

12 (f) Nothing in these rules *shall* be construed to prohibit the employment of
13 anesthesiologist assistants by a medical care facility where such anesthesiologist
14 assistants function under the supervision of a Guam-licensed anesthesiologist.

15 **§ 122515. Supervision ratio; one-to-three (1:3); Limited.**

16 The registered supervising Anesthesiologist *shall* be limited to a supervision
17 maximum ratio of one-to-three (1:3), except as provided in §122506(a), and *shall*
18 *not* supervise the anesthesiologist assistants while concurrently performing or
19 directing any anesthesiology procedure upon more than one (1) patient.

20 **§ 122516. Exceptions to Licensure Requirement.**

21 No person may practice as an anesthesiologist assistant on Guam who is not
22 licensed by the Board. This Article, however, shall not be construed to prohibit a
23 student in an anesthesiologist assistant program from performing duties or

1 functions assigned by his instructors, who is working under the direct supervision
2 of a licensed anesthesiologist in an approved externship.

3 **§ 122517. Prescriptive Authority - None; Limited to delegation by**
4 **prescribing anesthesiologist.**

5 An anesthesiologist assistant, *shall* only be able to select and administer any
6 form of anesthetic by delegation while under the direct supervision of an
7 anesthesiologist licensed by the Board, and, may select and administer any licensed
8 drug *solely* by delegation and pursuant to the direct supervision instructions of the
9 prescribing anesthesiologist, the established written practice protocol, and in
10 accordance to any applicable rules and regulation established by the Board
11 pursuant to this Article.”

12 **Section 3. Severability.** If any provision of this Act or its application to
13 any person or circumstance is found to be invalid or contrary to law, such
14 invalidity shall not affect other provisions or applications of this Act which can be
15 given effect without the invalid provisions or application, and to this end the
16 provisions of this Act are severable.

17 **Section 4. Effective Date.** This Act shall become immediately effective
18 upon enactment.