

- SUBJECT:** Requiring licensure of anesthesiologist assistants
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 10 ayes — Crossover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zerwas
- 1 nay — Zedler
- WITNESSES:** For — Stephen Hoang, Anesthesiologists for Children, Children’s Health Dallas; Sam Gumbert, Case Western Reserve and TSA; Paul McHorse and Gary Jones, Texas Academy of Anesthesiologist Assistants; David Gloyna, Texas Society of Anesthesiologists; Jana McAlister; David Norman; (*Registered, but did not testify*: Jaime Capelo, Coalition for Patient Safety; Brian Haskins, CWRU, TSA, TAAA; Dan Finch, Texas Medical Association, and 12 individuals)
- Against — Juan Quintana, AANA; Garry Brydges; (*Registered, but did not testify*: Kelley Shannon, Freedom of Information Foundation of Texas; James Willmann, Nursing Legislative Agenda Coalition; Jay Hopper, Texas Association of Nurse Anesthetists; Kevin Cooper, Texas Nurse Practitioners; Andrew Cates, Texas Nurses Association; and five individuals)
- On — (*Registered, but did not testify*: Mari Robinson, Texas Medical Board)
- DIGEST:** CSHB 2267 would add a chapter to the Occupations Code requiring anesthesiologist assistants to be licensed by the Texas Medical Board. A person would not be permitted to practice as an anesthesiologist assistant in Texas unless the person held an anesthesiologist assistant license issued by the medical board.
- Eligibility.** The medical board would issue a license to an individual who met the eligibility requirements, submitted an application on a form prescribed by the medical board, and paid the required application and

licensing fees as set by the medical board to cover administrative and enforcement costs.

To be eligible for a license under this chapter, an applicant would be required to submit proof of completing an accredited graduate-level training program, pass a certifying examination within the specified time period, submit proof of current certification from the National Commission for Certification of Anesthesiologist Assistants or its successor organization, be of good moral character, and meet any additional qualifications adopted by the medical board by rule.

Administration. The Texas Medical Board would be required to establish requirements governing the licensure application process and develop a mandatory program of continuing education for anesthesiologist assistants. The board would be permitted to establish requirements governing the education, training, and examination process for anesthesiologist assistants.

The medical board would be required to adopt rules necessary to implement the bill, including requirements and limitations on anesthesia services provided by an anesthesiologist assistant as determined by the board to be in the best interests of patient health and safety. These requirements and limitations would include:

- requiring an anesthesiologist assistant to be supervised by an anesthesiologist who was actively engaged in clinical practice and available on-site to provide assistance;
- capping the number of anesthesiologist assistants and student anesthesiologist assistants an anesthesiologist could supervise, in accordance with federal requirements; and
- requiring an anesthesiologist assistant to comply with all continuing education requirements adopted by the medical board and with recertification requirements of the National Commission for Certification of Anesthesiologist Assistants or its successor organization.

Procedures under the Medical Practice Act that govern license or registration renewal, complaints, and disciplinary actions would apply to an anesthesiologist assistant in the same manner they would apply to a physician.

Practice and title. An anesthesiologist assistant would be permitted to assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient consistent with the rules in the bill. An anesthesiologist assistant who assists an anesthesiologist would not be considered to be practicing medicine.

A student in an anesthesiologist assistant training program would be required to be identified as a student anesthesiologist assistant or an assistant student. A student would not be permitted to use the term “intern,” “resident,” “fellow,” or another term that identified the student as a physician or surgeon.

A person would not be permitted to practice as an anesthesiologist assistant in Texas without a license. A person also would not be permitted to use the title “anesthesiologist assistant” unless the person was licensed. Any person found in violation would be subject to an administrative penalty for an amount set by the medical board.

The Texas Medical Board would be required to adopt the rules, procedures, and fees necessary to administer the bill by June 1, 2016. An anesthesiologist assistant would not be required to hold a license to practice under the bill until September 1, 2016.

This bill would take effect September 1, 2015, except that provisions related to the use of the “anesthesiologist assistant” title and the procedures under the Medical Practice Act would not take effect until September 1, 2016.

SUPPORTERS
SAY:

CSHB 2267 would help ensure a level of accountability and transparency by establishing licensing standards for anesthesiologist assistants. Currently, many anesthesiologist assistants receive their training in Texas

but then leave because the state does not recognize anesthesiologist assistants as licensed medical professionals. By creating this licensing standard, more anesthesiologist assistants would be encouraged to stay in Texas.

The educational requirements and skill sets for anesthesiologist assistants are nearly as extensive as those for nurse anesthetists, so formally recognizing anesthesiologist assistants with licensure standards would be an appropriate step. These licensure standards also could help the state meet its overall needs in the nursing field. By 2020, Texas' shortage of full-time nurses is expected to grow to 70,000. Nurse anesthetists draw exclusively from the pool of critical care nurses, one of the Texas's biggest areas of need. Licensing anesthesiologist assistants could help address this shortage by ensuring that more qualified medical professionals were available to provide care.

**OPPONENTS
SAY:**

CSHB 2267 could decrease the quality of medical care provided in the field of anesthesiology. Licensing anesthesiologist assistants would not decrease costs or improve access to services because they would be limited to working with anesthesiologists, who would have to supervise the provision of any care. Creating licensing requirements for the relatively small number of anesthesiologist assistants working in Texas also could burden hospitals and lead to more bureaucracy.

NOTES:

The Legislative Budget Board anticipates that CSHB 2267 would have a positive fiscal impact to the general revenue fund of about \$54,000 during fiscal 2016-17.