



2005 ASSEMBLY BILL 853

December 5, 2005 – Introduced by Representatives GIELOW, SUDER, AINSWORTH, BERCEAU, DAVIS, GUNDERSON, HAHN, LEHMAN, LOEFFELHOLZ, NASS, NERISON, OTT, SHERIDAN, TOWNS, VOS and WOOD, cosponsored by Senators DARLING and KANAVAS. Referred to Committee on Health.

1 **AN ACT** *to create* 448.35 and 448.40 (2) (h) of the statutes; **relating to:**
2 administering anesthesia in an office-based setting and requiring the exercise
3 of rule-making authority.

Analysis by the Legislative Reference Bureau

Under current law, the Medical Examining Board establishes standards, rules, and conditions under which a person may practice medicine in this state.

This bill requires the Medical Examining Board to implement rules regarding the administration of anesthesia in an office-based setting, a setting where medical services are performed but that is not a hospital or an ambulatory surgery center.

Under the bill, no person may administer anesthesia in an office-based setting unless he or she is either a physician who meets the standards of education and training established by the board to administer anesthesia, he or she is a nurse who is certified to administer anesthesia, or unless he or she is an assistant, student, or trainee under the direct supervision of a properly trained and educated physician. Further, the bill requires the Medical Examining Board and each office that performs anesthesia to establish written guidelines relating to the proper care and treatment of patients who receive anesthesia.

Finally, the bill requires the presence of a physician trained in resuscitative techniques and appropriate resuscitative equipment whenever a person receives anesthesia in an office-based setting, and requires each office to report to the board

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certain serious complications related to surgery or to anesthesia that may arise. The bill does not apply to a person who administers anesthesia while practicing dentistry.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 448.35 of the statutes is created to read:

2 **448.35 Administration of anesthesia. (1)** In this section:

3 (a) “Administer anesthesia” includes administering or inducing moderate
4 sedation, deep sedation, major regional anesthesia, or general anesthesia in an
5 office-based setting.

6 (b) “Office-based setting” means a location where medical services are
7 performed that is not a hospital or an ambulatory surgery center.

8 **(2)** No person may administer anesthesia in an office-based setting unless he
9 or she is one of the following:

10 (a) A physician who meets the minimum training and education standards set
11 by the board for the administration of anesthesia in an office-based setting.

12 (b) A nurse anesthetist, as defined in s. 655.001 (9) working under the general
13 supervision of a physician.

14 (c) A trained anesthesiology assistant working under the direct supervision of
15 an anesthesiologist.

16 (d) A resident anesthesiologist from an accredited anesthesia training program
17 or student nurse anesthetist or a student anesthesiologist assistant working under
18 the direct supervision of an anesthesiologist.

19 **(3)** No person may administer anesthesia in an office-based setting unless
20 there is present or immediately available at least one physician who is trained in
21 advanced resuscitative techniques and unless appropriate resuscitative equipment

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1 is present or immediately available until the patient who receives the anesthesia is
2 discharged from anesthesia care.

3 (4) Any person who administers anesthesia in an office-based setting shall
4 comply with standards established by the board for patient care, including record
5 keeping, preanesthesia patient evaluation and risk assessment, patient counseling,
6 perianesthesia patient monitoring and patient monitoring during recovery from
7 anesthesia, and patient discharge or transfer from the facility.

8 (5) Any office-based setting where anesthesia is administered shall establish
9 written procedures and policies for patient care, including record keeping,
10 preanesthesia patient evaluation and risk assessment, patient counseling,
11 perianesthesia patient monitoring and patient monitoring during recovery from
12 anesthesia, and patient discharge or transfer from the facility.

13 (6) Any office-based setting where anesthesia is administered shall report to
14 the board any complication or negative incident related to surgery, special
15 procedures, or the administration of anesthesia in that office that results in a
16 patient's death within one week of the end of the procedure or a patient's admission
17 to an acute health care facility within 72 hours of the end of the procedure.

18 (7) This section does not apply to a person who administers anesthesia as
19 permitted by ch. 447.

20 **SECTION 2.** 448.40 (2) (h) of the statutes is created to read:

21 448.40 (2) (h) Implementing s. 448.35.

22 (END)