

2009 DRAFTING REQUEST

Bill

Received: **09/22/2008**

Received By: **csundber**

Wanted: **As time permits**

Identical to LRB:

For: **Jennifer Shilling (608) 266-5780**

By/Representing: **Anthony Palese**

This file may be shown to any legislator: **NO**

Drafter: **csundber**

May Contact:

Addl. Drafters:

Subject: **Occupational Reg. - prof lic**

Extra Copies:

Submit via email: **YES**

Requester's email: **Rep.Shilling@legis.wisconsin.gov**

Carbon copy (CC:) to: **christopher.sundberg@legis.wisconsin.gov**

Pre Topic:

No specific pre topic given

Topic:

Licensure of anesthesiologist assistants

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	csundber 10/02/2008	jdyer 10/08/2008		_____			State
/1	csundber 11/20/2008	jdyer 11/21/2008	rschluet 10/09/2008	_____	cduerst 10/09/2008		State
/2	csundber 12/22/2008	jdyer 01/05/2009	mduchek 11/21/2008	_____	mbarman 11/21/2008		State
/3	csundber	jdyer	mduchek	_____	sbasford		State

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	01/07/2009	01/13/2009	01/06/2009	_____	01/06/2009		
/4	csundber 12/21/2009	wjackson 12/21/2009	rschluet 01/13/2009	_____	sbasford 01/13/2009		State
/5			mduchek 12/21/2009	_____	cduerst 12/21/2009	mbarman 01/11/2010	

FE Sent For:

*at intro
1/22/10*

<END>

*mbarman
01/11/2010*

*→ sent to
Rep. Shilling's
office
(see attached)*

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For: **Michael Huebsch (608) 266-3387**

By/Representing: **Jodi Jensen**

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12/21

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MS 1/5 *MDPT 1/6*

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FE Sent For:			<i>ND</i> <i>11/21</i>	<i>MD PH</i> <i>11/21</i> <i><END></i>			

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Vers. Drafted Reviewed Typed Proofed Submitted Jacketed Required

/? csundber

1 10/8 jld

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1088 <END>

FE Sent For:

Sundberg, Christopher

From: Jensen, Jodi
Sent: Tuesday, September 09, 2008 12:05 PM
To: Sundberg, Christopher
Subject: LRB 07-4476/P1 Topic: Licensure of anaesthesiology assistants
Attachments: WSA bill draft comments HRKHL-#742757-v7.doc

Hi Chris - attached are comments from Laura Leitch, counsel for the anesthesiologists. If you have questions, I'll have Laura give you a call directly.

Thanks.

Jodi

September 5, 2008

To: Jay Mesrobian, MD
Eric Jensen, JD

From: Laura Leitch

Re: Comments on LRB-4476/P1

The drafter has done a very nice job with the first draft of the bill. The following are responses to the drafter's note:

- ✓1. Does the "in consultation with" condition apply to pretesting and calibrating as well as to obtaining and interpreting information?

After further discussion, we request that the "in consultation with" requirement in s. 448.22(3)(c) be deleted.

2. Do current Medicare regulations or other policy limit the number of anesthesiologist assistants that may be supervised by one anesthesiologist? If so, the bill should reference the source of the limitation.

Yes. Please see 42 CFR 414.46(d) and 42 CFR 415.110.

- ✓3. Is a mere signature really the intent, or should the draft provide that a supervision agreement expires two years after the parties enter into it, such that the agreement must be renewed or otherwise revisited?

The intent was that the agreement must be renewed or otherwise revisited every two years. Upon further discussion, we prefer that the bill be amended to require the AA and supervising anesthesiologist to review the agreement at least annually, but not require a signature – similar to the review requirement for physician assistant prescribing guidelines in Med 8.08(2)(a).

4. Council on Anesthesiology Assistants.

Language looks good, except:

- ✓ • It should be "Council on Anesthesiologist Assistants" rather than "Council on Anesthesiology Assistants."

- ✓ • Can the draft include the reference to the Wisconsin Academy of Anesthesiologist Assistants on page 5 of the drafting instructions – that they will be making recommendations to the Wisconsin Society of Anesthesiologists?
- ✓ 5. Should the cross-reference be changed to proposed s. 448.22(3), which sets out the scope of practice?

Yes, s. 448.22(3) is the better cite.

Other comments:

- ✓ A. Section 7, s. 448.03(2)(c), please add “student.”
- ✓ B. Sections 14 and 17. Should “or a successor entity” follow “National Commission on Certification of Anesthesiologist Assistants” as it does in section 16?
- C. Section 18, s. 448.22. This section states that an AA may “provide medical care” only under the supervision of an anesthesiologist (see s. 448.22(2)) and may “practice” only under the supervision of an anesthesiologist (see s. 448.22(2)(a)). The last sentence before (a) states, however, that “An anesthesiologist assistant may do all of the following:” The list that follows is not defined as the limit of the AA’s practice or as the “medical care” that the AA may provide, opening the question of whether the medical care is something in addition to that list. The intent is that the list in s. 448.22(3)(a)-(L) is the limit of the AA’s scope of practice -- under the AA license, AAs cannot practice medicine, but can assist the anesthesiologist in the delivery of the specified medical care.
- ✓ Rather than providing the AA’s with the authority “to provide medical care,” please amend the draft to provide AA’s with the authority to “assist the anesthesiologist in the delivery of medical care.” Perhaps the last sentence prior to the list in s. 448.22(3) could read, “An anesthesiologist assistant may assist the anesthesiologist in the delivery of only the following medical care:”
- ✓ D. Section 18, s. 448.22(2). The supervision agreement might not be between the anesthesiologist assistant and the supervising anesthesiologist. More than likely, the agreement would be between the AA and an anesthesiologist who represents the AA’s employer and we would like this language from the original proposal retained. The intent is to allow the supervision agreement to describe the anesthesiologists who might supervise the AA, while not necessarily specifying certain anesthesiologists. For example, at a physician group, the supervision agreement might provide that the supervising anesthesiologist must be an anesthesiologist who is a member of the group. Or, for an AA employed by a hospital, the anesthesiologist who heads the department might sign an agreement that provides that the supervising anesthesiologist must be an

anesthesiologist who is a member of the medical staff while he or she is providing services at the hospital.

- ✓ E. Please amend s. 448.22(3)(L) to read: "Supervise student anesthesiologist assistants."
- ✓ F. Please amend s. 448.22(5) to read: "The employer of an anesthesiologist assistant, which shall be a health care provider as defined in s. 655.001(8) that is operated in this state for the primary purpose of providing the medical services of physicians or is an entity described in . 655.002(1)(g), (h), or (i), shall ensure compliance with ch. 655. The employer of an anesthesiologist assistant, if other than an anesthesiologist, shall provide for and not interfere with supervision of the anesthesiologist assistant by an anesthesiologist."
- ✓ G. For consistency with s. 448.22(2) (agreement is between the anesthesiologist assistant and an anesthesiologist who represents the anesthesiologist assistant's employer), s. 448.22(4) could read: "A supervision agreement shall be reviewed at least annually by the anesthesiologist assistant and an anesthesiologist who represents the health care provider that employs the anesthesiologist assistant. [...]"
- ✓ H. Please amend s. 448.22(6) (page 8, lines 19-20) to delete the phrase "who is not supervising another student." In addition, please add "an anesthesiology fellow," after "anesthesiologist," in line 21.
- I. Finally, we would like to include in the bill a statement of intent as nonstatutory language. Our proposed language follows:

maintaining ² The objective of the creation of a license for anesthesiologist assistants is to establish professional standards and regulatory oversight for anesthesiologist assistants; instill public confidence through the enforcement of those professional standards; and recognize the unique relationship between the anesthesiologist assistant and anesthesiologist. ~~An anesthesiologist assistant may practice only under the medical supervision of an anesthesiologist. Anesthesiologists and anesthesiologist assistants adhere to the principle that patients are best served when an anesthesiologist personally delivers or supervises every anesthetic. The responsibility for medical direction lies with the anesthesiologist, who may then delegate at his or her discretion aspects of an anesthetic plan to the anesthesiologist assistant, in accordance with ch. 448.~~

Substantive

In: 10/3/06
Wanted: 10/10/08

9 10

2007 - 2008 LEGISLATURE

0354/1

LRB-4476/P1

CTS:jjh:pg

PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

2009 BILL

LPS-PWF
please

d-note

INS
A

Gen

1 AN ACT to renumber 448.015 (1); to amend 448.02 (1), 448.03 (2) (c), 448.03 (2)
2 (e), 448.03 (2) (k), 448.05 (1) (d) and 448.05 (6) (a); and to create 15.407 (9),
3 448.015 (1b), 448.015 (1c), 448.03 (1) (d), 448.03 (3) (g), 448.03 (7), 448.04 (1) (g),
4 448.05 (5w), 448.05 (6) (ar), 448.13 (3), 448.22 and 448.23 of the statutes;
5 relating to: licensing anesthesiologist assistants and creating the

6

council on anesthesiology assistant council and granting rule-making authority

Analysis by the Legislative Reference Bureau

This is a preliminary draft. An analysis will be provided in a later version.

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

7 SECTION 1. 15.407 (9) of the statutes is created to read:

8

15.407 (9) COUNCIL ON ANESTHESIOLOGY ASSISTANTS COUNCIL; DUTIES. There is
9 created a council on anesthesiologist assistants in the department of regulation and
10 licensing and serving the medical examining board in an advisory capacity. The

(12)

who shall be

(1) council's membership shall consist of the (the) following members selected from a list
(2) of recommended appointees submitted by the president of the Wisconsin society of
(3) anesthesiologists and appointed by the medical examining board for 3-year terms:

INS 2-3

4 (a) One member of the medical examining board.
5 (b) One anesthesiologist assistant licensed under s. 448.04 (1g) (1)(g)

6 (c) Two anesthesiologists.

7 (d) One lay member.

8 SECTION 2. 448.015 (1) of the statutes is renumbered 448.015 (1d).

9 SECTION 3. 448.015 (1b) of the statutes is created to read:

10 448.015 (1b) "Anesthesiologist" means a physician who has completed a
11 residency in anesthesiology approved by the American Board of Anesthesiology or
12 the American Osteopathic Board of Anesthesiology, holds an unrestricted license,
13 and is actively engaged in clinical practice.

14 SECTION 4. 448.015 (1c) of the statutes is created to read:

15 448.015 (1c) "Anesthesiologist assistant" means an individual licensed by the
16 board to provide certain medical care with anesthesiologist supervision.

17 SECTION 5. 448.02 (1) of the statutes is amended to read:

18 448.02 (1) LICENSE. The board may grant licenses, including various classes
19 of temporary licenses, to practice medicine and surgery, to practice perfusion, to
20 practice as an anesthesiologist assistant, and to practice as a physician assistant.

21 SECTION 6. 448.03 (1) (d) of the statutes is created to read:

22 448.03 (1) (d) No person may practice as an anesthesiologist assistant unless
23 he or she is licensed by the board as an anesthesiologist assistant.

24 SECTION 7. 448.03 (2) (c) of the statutes is amended to read:

1 448.03 (2) (c) The activities of a medical student, respiratory care student,
2 perfusion student, anesthesiologist assistant, or physician assistant student
3 required for such student's education and training, or the activities of a medical
4 school graduate required for training as required in s. 448.05 (2).

5 SECTION 8. 448.03 (2) (e) of the statutes is amended to read:

6 448.03 (2) (e) Any person other than a physician assistant or an
7 anesthesiologist assistant who is providing patient services as directed, supervised
8 and inspected by a physician who has the power to direct, decide and oversee the
9 implementation of the patient services rendered.

10 SECTION 9. 448.03 (2) (k) of the statutes is amended to read:

11 448.03 (2) (k) Any persons, other than physician assistants, anesthesiologist
12 assistants, or perfusionists, who assist physicians.

13 SECTION 10. 448.03 (3) (g) of the statutes is created to read:

14 448.03 (3) (g) No person may designate himself or herself as an
15 "anesthesiologist assistant" or use or assume the title "anesthesiologist assistant" or
16 append to the person's name the words or letters "anesthesiologist assistant" or
17 "A.A." or any other titles, letters, or designation that represents or may tend to
18 represent the person as an anesthesiologist assistant unless he or she is licensed as
19 an anesthesiologist assistant by the board. An anesthesiologist assistant shall be
20 clearly identified as an anesthesiologist assistant.

21 SECTION 11. 448.03 (7) of the statutes is created to read:

22 448.03 (7) SUPERVISION OF ANESTHESIOLOGIST ASSISTANTS. An anesthesiologist
23 may not supervise more than the number of anesthesiologist assistants permitted
24 by reimbursement standards for Part A or Part B of the federal Medicare program
25 under Title XVIII of the federal Social Security Act, 42 USC 1395 to 1395hhh.

1 **SECTION 12.** 448.04 (1) (g) of the statutes is created to read:

2 448.04 (1) (g) *Anesthesiologist assistant license*.[✓] The board shall license as an
3 anesthesiologist assistant an individual who meets the requirements for licensure
4 under s. 448.05 (5w).[✓] The board may, by rule,[✓] provide for a temporary license to
5 practice as an anesthesiologist assistant. The board may issue a temporary license
6 to a person who meets the requirements under s. 448.05 (5w)[✓] and who is eligible to
7 take, but has not passed, the examination under s. 448.05 (6).[✓] A temporary license
8 expires on the date ^{on which} the board grants or denies an applicant permanent licensure or
9 on the date of the next regularly scheduled examination required under s. 448.05 (6)[✓]
10 if the applicant is required to take, but has failed to apply for, the examination. An
11 applicant who continues to meet the requirements for a temporary license may
12 request that the board[✓] renew the temporary license, but an anesthesiologist
13 assistant may not practice under a temporary license for a period of more than[✓] 3
14 years.

15 **SECTION 13.** 448.05 (1) (d) of the statutes is amended to read:

16 448.05 (1) (d) Be found qualified by three-fourths of the members of the board,
17 except that an applicant for a temporary license under s. 448.04 (1) (b) 1. and 3. and
18 (e), and (g)[✓] must be found qualified by 2 members of the board.

19 **SECTION 14.** 448.05 (5w) of the statutes is created to read:

20 448.05 (5w)[✓] ANESTHESIOLOGIST ASSISTANT LICENSE. An applicant for a license
21 to practice as an anesthesiologist assistant shall submit evidence satisfactory to
22 board that the applicant has done all of the following:[✓]

23 (a) Obtained a bachelor's degree.[✓]

1 (b) Satisfactorily completed an anesthesiologist assistant program that is
2 accredited by the Commission on Accreditation of Allied Health Education
3 Programs, or by a predecessor or successor entity.

4 (c) Passed the certifying examination administered by, or obtained active
5 certification from, the National Commission on Certification of Anesthesiologist
6 Assistants or a successor entity.

7 SECTION 15. 448.05 (6) (a) of the statutes is amended to read:

8 448.05 (6) (a) Except as provided in ~~par. pars.~~ (am) and (ar), the board shall
9 examine each applicant it finds eligible under this section in such subject matters as
10 the board deems applicable to the class of license or certificate which the applicant
11 seeks to have granted. Examinations may be both written and oral. In lieu of its own
12 examinations, in whole or in part, the board may make such use as it deems
13 appropriate of examinations prepared, administered, and scored by national
14 examining agencies, or by other licensing jurisdictions of the United States or
15 Canada. The board shall specify passing grades for any and all examinations
16 required.

17 SECTION 16. 448.05 (6) (ar) of the statutes is created to read:

18 448.05 (6) (ar) When examining an applicant for a license to practice as an
19 anesthesiologist assistant under par. (a), the board shall use the certification
20 examination administered by the National Commission on Certification of
21 Anesthesiologist Assistants or a successor entity. The board may license without
22 additional examination any qualified applicant who is licensed in any state or
23 territory of the United States or the District of Columbia and whose license
24 authorizes the applicant to practice in the same manner and to the same extent as
25 an anesthesiologist assistant is authorized to practice under s. 448.22 (2).

1 SECTION 17. 448.13 (3) of the statutes is created to read:

2 448.13 (3) Each person licensed as an anesthesiologist assistant shall, in each
3 2nd year at the time of application for a certificate of registration under s. 448.07,
4 submit proof of meeting the criteria for recertification by the National Commission
5 on Certification of Anesthesiologist Assistants, including any continuing education
6 requirements.

or by a successor entity

7 SECTION 18. 448.22 of the statutes is created to read:

8 448.22 Anesthesiologist assistants. (1) In this section, "supervision" means
9 the use of the powers of direction and decision to coordinate, direct, and inspect the
10 accomplishments of another, or to oversee the implementation of the
11 anesthesiologist's intentions.

assist an anesthesiologist in the delivery of

12 (2) An anesthesiologist assistant may provide medical care only under the
13 supervision of an anesthesiologist and only as described in a supervision agreement

14 between the anesthesiologist assistant and the supervising anesthesiologist

that who represents the anesthesiologist's employer.

15 does all of the following:

NO #

The supervision agreement shall do

16 (a) Provides that the anesthesiologist assistant may practice only under the
17 supervision of an anesthesiologist identified in the agreement as the supervising
18 anesthesiologist.

sub. 6. 448.22 (3)

19 (b) Defines the practice of the anesthesiologist assistant consistent with

448.05 (5w)

20
21 (c) Requires that the supervising anesthesiologist be immediately available in
22 the same physical location or facility in which the anesthesiologist assistant provides
23 medical care and that the supervising anesthesiologist be able to intervene if needed.

24 (3) An anesthesiologist assistant's practice may not exceed his or her education
25 and training, the scope of practice of the supervising anesthesiologist, and the

1 practice outlined in the anesthesiologist assistant supervision agreement. A medical
2 care task assigned by the supervising anesthesiologist to the anesthesiologist
3 assistant may not be delegated by the anesthesiologist assistant to another person.

medical care ✓

4 An anesthesiologist assistant may do all of the following:

assist an anesthesiologist in the delivery of only

5 (a) ✓ Develop and implement an anesthesia care plan for a patient.

6 (b) ✓ Obtain a comprehensive patient history, perform relevant elements of a
7 physical exam, and present the history to the supervising anesthesiologist.

8 (c) Pretest and calibrate anesthesia delivery systems and obtain and interpret
9 information from the systems and monitors, in consultation with an
10 anesthesiologist.

11 (d) ~~Assist the supervising anesthesiologist with the implementation of~~
12 ~~medically accepted monitoring techniques, including invasive monitoring by~~
13 ~~participating in or performing tasks as directed by the supervising anesthesiologist.~~

14 (e) ✓ Establish basic and advanced airway interventions, including intubation of
15 the trachea and performing ventilatory support.

16 (f) ✓ Administer intermittent vasoactive drugs and start and adjust vasoactive
17 infusions.

18 (g) ✓ Administer anesthetic drugs, adjuvant drugs, and accessory drugs. Performing

19 (h) ~~Assist the supervising anesthesiologist with the performance of~~
20 ~~epidural~~
21 ~~anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic~~
22 ~~procedures by participating in or performing tasks as directed by the supervising~~
23 ~~anesthesiologist.~~

23 (i) ✓ Administer blood, blood products, and supportive fluids.

24 (j) ~~Provide assistance to~~ a cardiopulmonary resuscitation team in response to
25 a life threatening situation. Assisting ✓

Supervising student anesthesiologist assistants

1 (k) Participate in administrative, research, and clinical teaching activities
2 specified in the supervision agreement.

3 (L) Perform other tasks specified in the supervision agreement, if the
4 anesthesiologist assistant has been trained and is proficient to perform the tasks.

5 (4) A supervision agreement shall be signed every 2 years by the

6 anesthesiologist assistant and an anesthesiologist who represents the group or

7 facility that employs the anesthesiologist assistant. The supervision agreement

8 shall be available for inspection at the location where the anesthesiologist assistant

9 practices. The supervision agreement may limit the practice of an anesthesiologist

10 assistant to less than the full scope of practice authorized under sub. (3).

11 (5) No anesthesiologist assistant may be self-employed. The employer of an

12 anesthesiologist assistant shall assume legal responsibility for any medical care

13 provided by the anesthesiologist assistant during the employment. The employer of

14 an anesthesiologist assistant, if other than an anesthesiologist, shall provide for and

15 not interfere with supervision of the anesthesiologist assistant by an

16 anesthesiologist.

17 (6) A student in an anesthesiologist assistant training program may provide

18 medical care only under the medical direction of an anesthesiologist and under the

19 supervision of a qualified anesthesia provider who is not supervising another

20 student. For purposes of this subsection, a "qualified anesthesia provider" is an

21 anesthesiologist, an anesthesiology resident who has completed his or her first year

22 of anesthesiology residency, a certified registered nurse anesthetist, or an

23 anesthesiologist assistant. This section shall not be interpreted to limit the number

24 of other qualified anesthesia providers an anesthesiologist may supervise. A student

25 in an anesthesiologist assistant training program shall be identified as a student

assist an anesthesiologist in the delivery of

plain period

INS 8-7

INS 8-11

1 anesthesiologist assistant or an anesthesiologist assistant student and may not be
2 identified as an “intern,” “resident,” or “fellow.” ✓

3 **SECTION 19.** 448.23 of the statutes is created to read:

4 **448.23 Council on anesthesiologist assistants.** The council on
5 anesthesiologist assistants ✓ shall guide, advise, and make recommendations to the
6 board ✓ regarding the scope of anesthesiologist assistant practice and the promotion
7 of the role of anesthesiologist assistants in the delivery of health care services.

8 **SECTION 20. Nonstatutory provisions.**

9 (1) Notwithstanding section 15.407 (9) (b) ✓ of the statutes, as created by this act,
10 the initial member of the council on anesthesiology assistants ✓ appointed under
11 section 15.407 (9) (b) ✓ of the statutes, as created by this act, is not required to be a
12 licensed anesthesiologist assistant under section 448.04 ✓ (1) (g) of the statutes, as
13 created by this act, but shall be an individual who meets the criteria specified under
14 section 448.05 (5w) ✓ of the statutes, as created by this act.

15 (2) Notwithstanding section 15.407 (9) ✓ of the statutes, as created by this act,
16 one of the initial members of the ✓ council on anesthesiology assistants appointed
17 under section ✓ 15.407 (9) (c) of the statutes, as created by this act, shall be appointed
18 for a 2-year term. ✓

19 (END)

(d-note)

1

Insert A:

✓ This bill creates licensure requirements and practice standards for anesthesiologist assistants.

The bill prohibits a person from practicing as an anesthesiologist assistant or representing or implying that the person is an anesthesiologist assistant unless the person holds a license to practice as an anesthesiologist assistant granted by the Medical Examining Board (Board). ✓ The bill requires the Board to issue a license to a person who has: 1) obtained a bachelor's degree; 2) completed an accredited anesthesiologist assistant program; and 3) passed a certifying examination. ✓ The Board may also issue a license to a person who is licensed as an anesthesiologist assistant in another state, if that state authorizes a licensed anesthesiologist assistant to practice in the same manner and to the same extent as this state. ✓

Under the bill, an anesthesiologist assistant may assist an anesthesiologist in the delivery of medical care only under the supervision of an anesthesiologist who is immediately available and able to intervene if needed. The scope of an anesthesiologist assistant's practice is limited to assisting an anesthesiologist in delivering specific medical care, including the following: 1) developing and implementing an anesthesia care plan; 2) implementing monitoring techniques; 3) administering vasoactive drugs and starting and adjusting vasoactive infusions; 4) administering intermittent anesthetic, adjuvant, and accessory drugs; 5) performing epidural anesthetic procedures and spinal anesthetic procedures; and 6) administering blood, blood products, and supportive fluids. *

The bill requires an anesthesiologist assistant to be employed by one of certain health care providers specified in the bill and to enter into a supervision agreement with an anesthesiologist who represents the anesthesiologist assistant's employer. The supervision agreement must identify the anesthesiologist assistant's supervising anesthesiologist and define the scope of the anesthesiologist assistant's practice, and may limit the anesthesiologist assistant's practice to less than the full scope of anesthesiologist assistant practice authorized by the bill. Council on

The bill authorizes the practice of student anesthesiologist assistants under the medical direction of an anesthesiologist and under the supervision of a qualified anesthesiology provider. The bill also creates a five-member Anesthesiologist Assistant Council to advise and make recommendations to the Medical Examining Board. *

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

2

Insert 2-3:



1 ~~NO~~ after the president of the Wisconsin society of anesthesiologists, ~~NO~~ has considered the
 2 recommendations of the Wisconsin academy of anesthesiologist assistants, and who
 3 shall be ~~NO~~

Insert 8-7:

5 ~~NO~~ 's employer shall review a supervision agreement[✓] with the anesthesiologist assistant
 6 at least every 2[✓] years ~~NO~~

Insert 8-11:

8 ~~NO~~ An anesthesiologist assistant shall be employed by a health care provider, as defined
 9 in s. 655.001 (8), that is operated in this state for the primary purpose of providing
 10 the medical services of physicians or that is an entity described in s. 655.002 (1) (g),
 11 (h)[✓], or (i)[✓]. An anesthesiologist assistant's employer shall ensure compliance with ch.
 12 655.[✓] If an anesthesiologist assistant's employer is not an anesthesiologist, the
 13 employer shall provide for, and not interfere with, an anesthesiologist's supervision
 14 of the anesthesiologist assistant.[✓]

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0354/1dn

CTS:A:...

date

Jld

Speaker Huebsch:

Please review this draft carefully to ensure it is consistent with your intent, and note the following: ✓

1. I have incorporated as proposed s. 448.22 (5) ✓ the language contained in paragraph E of the drafting instructions, although I have made to changes to enhance clarity. It is unclear to me what is the significance of the reference to "compliance with ch. 655." ✓ If a health care provider's hiring of an anesthesiologist assistant triggers a requirement under ch. 655 and it is unclear under current law who is responsible for meeting the requirement, then the bill should probably modify ch. 655 to clarify the issue. If there is no such ambiguity and your intent is not to change a current requirement, it is unnecessary to restate the requirement. If your intent is to change or create an exception to a current requirement under ch. 655, the bill should affect ch. 655 directly.
2. I have not included the intent statement ✓ included with the drafting instructions. Long-standing LRB policy bars me from including such material in a draft except in very limited circumstances that do not seem present here. Please let me know if you have any questions about this issue.
3. Altering the phrase that leads into the description of the scope of practice in proposed s. 448.22 (3) ✓ required changing some verb tenses in proposed s. 448.22 (3) (a) to (L) ✓ and made redundant the references to the supervising anesthesiologist in proposed s. 448.22 (3) (b), (d), ✓ and (h). ✓ Are my adaptations okay?
4. I have altered the first sentence of proposed s. 448.22 (6) to parallel the language of proposed s. 448.22 (3). ✓ Okay?

Christopher T. Sundberg
Legislative Attorney
Phone: (608) 266-9739
E-mail:
christopher.sundberg@legis.wisconsin.gov

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0354/1dn
CTS:jld:rs

October 8, 2008

Speaker Huebsch:

Please review this draft carefully to ensure it is consistent with your intent, and note the following:

1. I have incorporated as proposed s. 448.22 (5) the language contained in paragraph E of the drafting instructions, although I have made to changes to enhance clarity. It is unclear to me what is the significance of the reference to "compliance with ch. 655." If a health care provider's hiring of an anesthesiologist assistant triggers a requirement under ch. 655 and it is unclear under current law who is responsible for meeting the requirement, then the bill should probably modify ch. 655 to clarify the issue. If there is no such ambiguity and your intent is not to change a current requirement, it is unnecessary to restate the requirement. If your intent is to change or create an exception to a current requirement under ch. 655, the bill should affect ch. 655 directly.
2. I have not included the intent statement included with the drafting instructions. Long-standing LRB policy bars me from including such material in a draft except in very limited circumstances that do not seem present here. Please let me know if you have any questions about this issue.
3. Altering the phrase that leads into the description of the scope of practice in proposed s. 448.22 (3) required changing some verb tenses in proposed s. 448.22 (3) (a) to (L) and made redundant the references to the supervising anesthesiologist in proposed s. 448.22 (3) (b), (d), and (h). Are my adaptations okay?
4. I have altered the first sentence of proposed s. 448.22 (6) to parallel the language of proposed s. 448.22 (3). Okay?

Christopher T. Sundberg
Legislative Attorney
Phone: (608) 266-9739
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christopher.sundberg@legis.wisconsin.gov

To: Jay Mesrobian, MD
Eric Jensen, JD

Date: October 29, 2008

From: Laura Leitch
Hall Render Killian Heath & Lyman

Subject: Proposed comments on LRB 0354/1

As we have discussed, below are the proposed amendments to the most recent draft of the anesthesiologist assistant licensure bill. The drafter has done a nice job, but there are several outstanding issues. I look forward to discussing the various issues with him.

Comments on LRB 0354/1:

1. Responses to drafter's notes dated October 8, 2008:

- Agree that, "An anesthesiologist assistant's employer shall ensure compliance with ch. 655." is an unnecessary statement given the previous changes. Please delete that sentence.
- Concerning the LRB policy barring intent statements, we would like to discuss that and other possible options.
- Concerning the verb tense changes and the redundant references in s. 448.22(3), for the most part we agree, but there are issues concerning (d) and (h), discussed in "other comments" below.
- Concerning making the language in proposed s.448.22(6) parallel the proposed language in s. 448.22(3), we agree.

2. Comments on changes made per September 5, 2008, WSA memo:

- ✓● Please change the name of the Council on Anesthesiologist Assistants" (rather than "anesthesiology assistants") in the nonstatutory language to be consistent with the ch. 15 language. (In both (1) and (2) of the nonstatutory language.)
- ✓● In s. 448.22(2), please amend the first sentence, "An anesthesiologist assistant may assist ~~assistant~~ an anesthesiologist..."
- ✓● In s. 448.22(2)(b), given that the supervising anesthesiologist might not be named in the supervision agreement, please replace "identified" with "described" or a similar word that would permit the actual supervising anesthesiologist not to be named. (For example, the supervising anesthesiologist might be "any anesthesiologist who is a member of XYZ physician group.")
- ✓● In s. 448.22(2)(c), please delete "provides medical care" and replace it with "assists in the delivery of medical care."

- ✓ • In s. 448.22(3)(c), rather than “in consultation with” being deleted, all of s. 448.22(3)(c) was deleted. Unless there was a reason for the deletion, please add the remainder of (c) back to the draft.
- ✓ • In s. 448.22(4), please amend the review period to “at least annually.”

3. Other comments:

- Section 1: Should Wisconsin Academy of Anesthesiologist Assistants be capitalized in the bill? *N*
- ✓ • Section 4, for consistency with other provisions in the bill, should the definition of anesthesiologist assistant be amended to, “means an individual licensed by the board to assist an anesthesiologist in the delivery of certain medical care with anesthesiologist supervision?”
- We would like s. 448.22(3) to reflect that the medical care tasks performed by the anesthesiologist assistant are performed at the discretion of the anesthesiologist. Perhaps the last sentence could be amended to read: “An anesthesiologist assistant may assist an anesthesiologist, at the discretion of the anesthesiologist, in the delivery of only the following medical care:”
- We also would like (d) and (h) to indicate that the anesthesiologist assistant might perform or participate in (not actually perform) those tasks. A possible amendment to ss. 448.22(3)(d) and (h) could be the following:

- (d) Performing or participating in the implementation of medically indicated monitoring techniques.
- (h) Performing or participating in the implementation of epidural, spinal, and regional anesthetic procedures.

We actually would prefer that s. 448.22(3) be drafted so that the acts are listed as “Develop,” “Obtain,” “Assist,” “Establish,” etc. Is that possible?

may do AOTF to assist an anesth, if the anesth. reg's the AA's assistance

- Concerning student anesthesiologists, the supervision by the qualified anesthesia providers is actually a delegated act of supervision from the anesthesiologist. Given that, we suggest the following amendments:

- Delete s. 448.22(3)(L)
- Amend s. 448.22(6) as follows:

RV?

A student in an anesthesiologist assistant training program may assist an anesthesiologist in the delivery of medical care only under the medical direction and supervision of an anesthesiologist. An anesthesiologist may delegate the supervision of the student anesthesiologist assistant to a qualified anesthesia provider. For purposes of this section, a qualified anesthesia provider is an anesthesiologist, an anesthesiology resident, a certified registered nurse anesthetist, or an anesthesiologist assistant. ~~This section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise.~~ A student in an anesthesiologist assistant training program ~~shall not be identified as a~~ student anesthesiologist assistant or an anesthesiologist assistant student and may not be identified as an “intern,” “resident,” or “fellow.”

- We want to make sure that the bill reflects the intent that “supervision” as used in the bill includes the traditional concepts of both “direction” and “supervision.” Would the following language meet that need:

- s. 448.22(1) In this section, “supervision” and “direction” are interchangeable and mean the use of the powers of direction and decision to coordinate and direct the
- ?*

Jay Mesrobian, M.D.

October 29, 2008

Page 3

activities and inspect the accomplishments of another ~~or~~ and to oversee the implementation of the anesthesiologist's intentions." *of the () () ()*

- Finally, we would like a new section requiring ~~the~~ Board of Regents to direct the ~~University of Wisconsin~~ Medical School to study the feasibility of establishing a School of Anesthesiologist Assistants at the University of Wisconsin-Madison.

Sundberg, Christopher

From: Leitch, Laura J. [lleitch@hallrender.com]
Sent: Wednesday, November 12, 2008 2:12 PM
To: Sundberg, Christopher
Cc: ejjensen@tds.net
Subject: Anesthesiologist assistant licensure bill

Christopher,

Thank you so much for meeting with me last Friday. Based some of the issues we discussed, I've been working with the language. What do you think of the following:

1. Change the definition of supervision:

s. 448.22(1): In this section, "supervision" means to direct and coordinate the actions and to inspect the accomplishments of another and to oversee the implementation of the anesthesiologist's intentions.

2. Amend s. 448.22(6) as follows:

"A student in an anesthesiologist assistant training program may accept delegated medical acts only from an anesthesiologist. An anesthesiologist may delegate the supervision of the student anesthesiologist assistant only to a qualified anesthesia provider. For purposes of this section, a qualified anesthesia provider is an anesthesiologist, an anesthesiologist resident, a certified registered nurse anesthetist, or an anesthesiologist assistant. This section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise. A student in an anesthesiologist assistant training program shall not identify himself or herself as an "intern," "resident," or "fellow" and shall clearly be identified as a student anesthesiologist assistant."

3. Amend s. 448.23 to read:

"The council on anesthesiologist assistants shall advise and make recommendations to the board regarding the board recognizing the scope of anesthesiologist assistant practice as specified in the statute and promoting of the role and anesthesiologist assistants in the delivery of healthy care services. The council shall make recommendations to the board on [REDACTED] public confidence through the enforcement of the anesthesiologist assistant professional standards; [REDACTED] the unique relationship between the anesthesiologist assistant an anesthesiologist in which the anesthesiologist delegates certain acts to the anesthesiologist assistant, who assists the anesthesiologist under the medical supervision, as defined in s. 448.22(1), of the anesthesiologist; [REDACTED] to ensure that anesthesiologists and anesthesiologist assistants adhere to the principle that patients are best served when an anesthesiologist personally delivers or supervises every anesthetic.

I think the three changes above address the outstanding issues we discussed on Friday: (1.) clarifying the use of "direction," "supervision," and "delegation;" (2.) ensuring the statute reflects the legislative intent; (3.) clarifying who is identifying the student anesthesiologist assistant in s. 448.22(6).

Please let me know what you think and if I'm missing anything that you were expecting.

Thank you for your work on this.

Laura

Laura J. Leitch
Hall, Render, Killian, Heath & Lyman, P.C.
111 East Kilbourn Avenue, Suite 1300
Milwaukee, Wisconsin 53202

11/12/2008

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Sundberg, Christopher

From: Leitch, Laura J. [lleitch@hallrender.com]
Sent: Thursday, November 13, 2008 5:56 PM
To: Sundberg, Christopher
Subject: RE: Anesthesiologist assistant licensure bill

Christopher,

Thanks for your comments.

1. I'm trying to include the elements in s. 448.03(2)(e) in the definition. See the first question on this DRL page re delegated medical acts and its reference to that section: <http://drl.wi.gov/prof/doct/pfaq.htm> Physicians can delegate medical acts to people who would not otherwise have the authority to perform the medical acts. Your suggestion seems to do that. Any benefit to making it a definition of "supervise" (to direct, decide, oversee...) rather than "supervision?"
2. The anesthesiologists would argue that a "qualified anesthesia provider" does not have the authority under his or her license to supervise student anesthesiologist assistants -- that the supervision would be a delegated medical act from the anesthesiologist. And that the only medical acts a student could perform are those delegated from an anesthesiologist. I don't think "directly instructed" captures the concept of delegated medical acts. It's a widely used term of art -- is there a problem including it in the statute?
3. I like your suggestion. If you're comfortable with the statute stating that the anesthesiologist "delegates medical acts" to the students, could "delegation" be worked into s. 448.22(2)? I think it's really what they're trying to get at. What do you think?

Laura

From: Sundberg, Christopher [mailto:Christopher.Sundberg@legis.wisconsin.gov]
Sent: Thu 11/13/2008 3:51 PM
To: Leitch, Laura J.
Subject: RE: Anesthesiologist assistant licensure bill

1. The only problem with the revised definition of "supervision" is that the new definition describes a verb. Can you modify it so that it defines a noun? E.g: "Supervision" means the direction and coordination of the actions of another, the inspection of another's accomplishments, and the oversight of the implementation of the supervisor's instructions.
2. I'm not sure what it means to "accept delegated medical acts." Perhaps you could use "A student in an anesthesiologist assistant training program may assist an anesthesiologist in the delivery of medical care only if the student is directly instructed to do so by an anesthesiologist and only if the student is supervised by a qualified anesthesia provider. For purposes of this subsection..."
3. This doesn't quite work for me. I guess it makes sense that the council should work with the board to instill public confidence (presumably confidence in anesthesiologist assistants) through enforcement of professional standards, although I'm not sure how one would tell if the council was doing that or not. From my perspective as a drafter, though, it seems unnecessary to instruct the board as to **why** it should enforce professional standards.

With respect to the next part, it's not clear to me who it is that the statute is directing to "recognize..." Is this the council working with the board on how to recognize? And again, how do we know if the council is doing this

11/14/2008

or not? The point seems to be to reiterate the principals that an anesthesiologist assistant may act only upon the anesthesiologist's instruction and only if supervised by the anesthesiologist. If these principles are not stated with sufficient clarity the first time around, piling on more words makes them less clear, not more.

Same thing regarding "adhere to the principle."

I guess my suggestion would be to look closely at proposed s. 448.22 (2) to see if there is a way to strengthen that language. Also, we could move the last sentence of sub. (2) and (a), (b), and (c) (the elements of a supervision agreement) and move it to its own subsection. That would keep sub. (2) all about the limits of an AA's practice.

Let me know what you think.

CS

From: Leitch, Laura J. [mailto:lleitch@hallrender.com]
Sent: Wednesday, November 12, 2008 2:12 PM
To: Sundberg, Christopher
Cc: ejjensen@tds.net
Subject: Anesthesiologist assistant licensure bill

Christopher,

Thank you so much for meeting with me last Friday. Based some of the issues we discussed, I've been working with the language. What do you think of the following:

1. Change the definition of supervision:

s. 448.22(1): In this section, "supervision" means to direct and coordinate the actions and to inspect the accomplishments of another and to oversee the implementation of the anesthesiologist's intentions.

2. Amend s. 448.22(6) as follows:

"A student in an anesthesiologist assistant training program may accept delegated medical acts only from an anesthesiologist. An anesthesiologist may delegate the supervision of the student anesthesiologist assistant only to a qualified anesthesia provider. For purposes of this section, a qualified anesthesia provider is an anesthesiologist, an anesthesiologist resident, a certified registered nurse anesthetist, or an anesthesiologist assistant. This section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise. A student in an anesthesiologist assistant training program shall not identify himself or herself as an "intern," "resident," or "fellow" and shall clearly be identified as a student anesthesiologist assistant."

3. Amend s. 448.23 to read:

"The council on anesthesiologist assistants shall advise and make recommendations to the board regarding the board recognizing the scope of anesthesiologist assistant practice as specified in the statute and promoting of the role and anesthesiologist assistants in the delivery of healthy care services. The council shall make recommendations to the board on how to instill public confidence through the enforcement of the anesthesiologist assistant professional standards; recognize the unique relationship between the anesthesiologist assistant an anesthesiologist in which the anesthesiologist delegates certain acts to the anesthesiologist assistant, who assists the anesthesiologist under the medical supervision, as defined in s. 448.22(1), of the anesthesiologist; and works to ensure that anesthesiologists and anesthesiologist assistants adhere to the principle that patients are best served when an anesthesiologist personally delivers or supervises every anesthetic.

I think the three changes above address the outstanding issues we discussed on Friday: (1.) clarifying the use of "direction," "supervision," and "delegation;" (2.) ensuring the statute reflects the legislative intent; (3.) clarifying who is identifying the student anesthesiologist assistant in s. 448.22(6).

Please let me know what you think and if I'm missing anything that you were expecting.

Thank you for your work on this.

Laura

Laura J. Leitch

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Ana...
WVE HTA
W Measures budget draft
SWIM
FB Core During

98.16 (2) (a) No person may operate w/o lic. Sec.
lic req'd for each sale. Lic. not
transf. Lic. expires

(b) Dept shall prov. form. Form may req
AOTF

1. correct name, etc.
2. Desc.
3. Other

(c) App shall be acc'd by AOTF fees
and surcharges

1. Lic Fee
2. " " surch.
3. Testing surch. under (4)

(d) Per. (a) INA to employees.

(2) (a) No pers may inst./rel. w/p permit. Dept
shall prov form. App shall be acc'd by
fee est'd by dept by rule

(b) Installer shall comp. w/ const/op/maint.
stds. provid. by dept. by rule, exc. dept
may grant var. Dept may imp conditions.

53
Kyle M. P. 2/3/2

97 Act + cross-spec. m/c

2003 Act 476: Changes to 178, though

- convert GP to LP language about what happens to GP's liability in new LL entity.
- coordinate w/ DFI re reporting requirements
- 178.12: liability of partners. (2) - (4) should be preserved, instead of RUPA text.
- 178.40 - 178.53: already in '97 Act.
- Filing, service, fee, effective time, etc.: if it's already working in Ch. 180, let's keep it. (bestie will update on these issues)
- EFF time should prob. conform to other chs. ^{esp. fees.}
- 178.45 (3): Foreigners' internal affairs subj. to formation jurisd's rules.

vs.
RUPA text

"internal affs" vs. RUPA 1101(a): pref. RUPA, but no intent to change

Liability language: exception under (3) shld be preserved for pref. purposes.

- Allow opt-in or opt-out? Going fwd, yes, but not going backward.

(3m) (a) Annual testing. Owner/op of scale > 5,000 lbs shall cause testing at least annually by person lic'd under s. 98.18 (1)

(b) Pers. cond test under par (a) shall do AOTF:

1. Cond test + prep rept according to rules prom by dept under sub. (4)

2. Provide copy of rept to operator and others if req'd by rule.

(c) Operator of veh scale shall file copy of test report w/ dept w/i 15 days.

(d) IF test shows scale is inacc, scale may not be used until retest shows scale is acc.

(e) No person may falsify test, result, or report

(f) DNA to railway scale

Sundberg, Christopher

From: Leitch, Laura J. [lleitch@hallrender.com]
Sent: Wednesday, November 19, 2008 4:53 PM
To: Sundberg, Christopher
Subject: RE: Anesthesiologist assistant licensure bill

Christopher,

1. After looking back at s. 448.03(2)(e) and trying to include all of those elements (similar to the definition of "supervision" for PAs in Med 8), I'm back to the definition of "supervision" in LRB 0354/1. Okay with you?

2. What about amending a. 448.22(6) as follows:

A student in an anesthesiologist assistant training program may assist only an anesthesiologist in the delivery of medical care and may only perform medical care tasks assigned by the anesthesiologist. An anesthesiologist may delegate the supervision of the student anesthesiologist assistant to a qualified anesthesia provider. For purposes of this section, a "qualified anesthesia provider" is ...

3. We're trying to include the elements of delegation in the definition of "supervision," so the requirements would be the agreement and supervision -- but supervision would include that the anesthesiologist decides what needed to be done, directs the AA to perform a task, oversees the task, etc. What if we amended the last sentence in s. 448.22(3) (before (a)) to read:

An anesthesiologist assistant may assist only the supervising anesthesiologist in the delivery of medical care and may perform only the following medical care tasks as assigned by the supervising anesthesiologist:

What if there was a new subsection starting with the above sentence and including the list of medical care tasks?

Again, thanks for all of your help! Please let me know if I'm missing something.

Laura

From: Sundberg, Christopher [mailto:Christopher.Sundberg@legis.wisconsin.gov]
Sent: Fri 11/14/2008 4:09 PM
To: Leitch, Laura J.
Subject: RE: Anesthesiologist assistant licensure bill

1. I can't see any benefit to going with "supervise" rather than "supervision." Looking over the last version of the draft, it looks like we use "supervision" more often than we use some form of the verb, with the exception of the references to a "supervising anesthesiologist." Ideally, I guess the draft would use only one form--noun or verb--and supply a definition just for that term. In practice, though, I think it's reasonable to presume that a court or regulator would interpret the verb form consistent with the noun form, and vice versa.

2. If you want to use DRL's language based on what DRL says that language means, that's fine, as long you are confident that DRL is unlikely to change its mind about that meaning. I will see to it that our emails end up in the drafting file along with a copy of the DRL explanation of the differing levels of supervision.

3. So in order for an AA to assist an anesthesiologist, there are 3 requirements: 1) supervision agreement; 2) delegation; and 3) supervision? Do I have that right? Do you have a suggestion as to how to incorporate the

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"delegation" concept into that first part of proposed s. 448.22 (2)?

From: Leitch, Laura J. [mailto:lleitch@hallrender.com]
Sent: Thursday, November 13, 2008 5:56 PM
To: Sundberg, Christopher
Subject: RE: Anesthesiologist assistant licensure bill

Christopher,

Thanks for your comments.

1. I'm trying to include the elements in s. 448.03(2)(e) in the definition. See the first question on this DRL page re delegated medical acts and its reference to that section: <http://drl.wi.gov/prof/doct/pfaq.htm> Physicians can delegate medical acts to people who would not otherwise have the authority to perform the medical acts. Your suggestion seems to do that. Any benefit to making it a definition of "supervise" (to direct, decide, oversee...) rather than "supervision?"
2. The anesthesiologists would argue that a "qualified anesthesia provider" does not have the authority under his or her license to supervise student anesthesiologist assistants – that the supervision would be a delegated medical act from the anesthesiologist. And that the only medical acts a student could perform are those delegated from an anesthesiologist. I don't think "directly instructed" captures the concept of delegated medical acts. It's a widely used term of art -- is there a problem including it in the statute?
3. I like your suggestion. If you're comfortable with the statute stating that the anesthesiologist "delegates medical acts" to the students, could "delegation" be worked into s. 448.22(2)? I think it's really what they're trying to get at. What do you think?

Laura

From: Sundberg, Christopher [mailto:Christopher.Sundberg@legis.wisconsin.gov]
Sent: Thu 11/13/2008 3:51 PM
To: Leitch, Laura J.
Subject: RE: Anesthesiologist assistant licensure bill

1. The only problem with the revised definition of "supervision" is that the new definition describes a verb. Can you modify it so that it defines a noun? E.g: "Supervision" means the direction and coordination of the actions of another, the inspection of another's accomplishments, and the oversight of the implementation of the supervisor's instructions.
2. I'm not sure what it means to "accept delegated medical acts." Perhaps you could use "A student in an anesthesiologist assistant training program may assist an anesthesiologist in the delivery of medical care only if the student is directly instructed to do so by an anesthesiologist and only if the student is supervised by a qualified anesthesia provider. For purposes of this subsection..."
3. This doesn't quite work for me. I guess it makes sense that the council should work with the board to instill public confidence (presumably confidence in anesthesiologist assistants) through enforcement of professional standards, although I'm not sure how one would tell if the council was doing that or not. From my perspective as a drafter, though, it seems unnecessary to instruct the board as to **why** it should enforce professional standards.

With respect to the next part, it's not clear to me who it is that the statute is directing to "recognize..." Is this the council working with the board on how to recognize? And again, how do we know if the council is doing this or not? The point seems to be to reiterate the principals that an anesthesiologist assistant may act only upon the anesthesiologist's instruction and only if supervised by the anesthesiologist. If these principles are not stated with

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Sundberg, Christopher

From: Leitch, Laura J. [lleitch@hallrender.com]
Sent: Thursday, November 20, 2008 1:30 PM
To: Sundberg, Christopher
Subject: RE: Anesthesiologist assistant licensure bill

Yes, please -- I like the idea of a separate subsection for the supervision agreement.

Thank you!

From: Sundberg, Christopher [mailto:Christopher.Sundberg@legis.wisconsin.gov]
Sent: Thu 11/20/2008 1:26 PM
To: Leitch, Laura J.
Subject: RE: Anesthesiologist assistant licensure bill

1. Sure, but it's OK if you change your mind, too.
2. Works for me.
3. Sure. Do you still want to change proposed sub. (2) so that (a) to (c) describing the supervision agreement goes in a new subsection of its own?

From: Leitch, Laura J. [mailto:lleitch@hallrender.com]
Sent: Wednesday, November 19, 2008 4:53 PM
To: Sundberg, Christopher
Subject: RE: Anesthesiologist assistant licensure bill

Christopher,

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