

APA-1
Revised 4/2018

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control 540 Department or Agency Alabama State Board of Medical Examiners
Rule No. 540-X- 7, Appendix C
Rule Title: Application for Registration of Anesthesiologist Assistant

New Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? NO

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? YES

Is there another, less restrictive method of regulation available that could adequately protect the public? NO

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? NO

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? NO

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? YES

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? NO

Does the proposed rule have an economic impact? NO

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer *Alfred J. Dorminey*
Date: 6/20/18

APA-2

**ALABAMA STATE BOARD
OF MEDICAL EXAMINERS**

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Medical Examiners

RULE NO. & TITLE: 540-X- 7, Appendix C, Application for Registration of Anesthesiologist Assistant

INTENDED ACTION: To amend the rule/appendix

SUBSTANCE OF PROPOSED ACTION: Amend for online completion

TIME, PLACE, MANNER OF PRESENTING VIEWS: All interested persons may submit data, views, or arguments concerning the proposed new rule(s) and regulation(s) in writing to: Carla H. Kruger, Office of the General Counsel, Alabama State Board of Medical Examiners, Post Office Box 946, Montgomery, Alabama 36101-0946, by mail or in person between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday, until and including Aug. 3, 2018. Persons wishing to obtain copies of the text of this rule and submit data, views, or comments or arguments orally should contact Carla H. Kruger, by telephone (334-242-4116) during said period in order to set up an appointment for a hearing respecting such oral data, views, or arguments. Additionally, the intended action is available at the Board's web site, www.albme.org.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Aug. 3, 2018

CONTACT PERSON AT AGENCY: Carla H. Kruger



Amy T. Dormaney, Board Secretary

~~Under Alabama law, this document is a public record and will be provided upon request~~

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 / Montgomery, AL 36101-0946 / (334) 242-4116

Application for Registration of Anesthesiologist Assistant

Under Alabama law, this document is a public record and will be provided upon request

Anesthesiologist

Supervising Anesthesiologist Name in Full
AL Medical License Number
Medical Specialty
REQUIRED: Board Certified: YES — NO
Board Eligible YES — NO

Principal Practice Location Name and Address _____
(If mailing address is different please provide here) _____
Telephone Number: _____
FAX Number: _____

Practice Name
Country
Street
Apt/Suite
City
State
Zip
Telephone Number

1. ~~List the name, practice site address and designated working hours per week of each anesthesiologist assistant currently registered to you.~~

NAME _____
ADDRESS _____
HOURS _____

2. Is the anesthesiologist assistant for whom registration is sought employed by you or by your group, partnership or professional corporation?

YES NO _____ **If the answer is NO, Supplemental Certificate must be submitted.**

You answered No, a Supplemental Certificate must be submitted

Anesthesiologist Assistant

Assistant Name in Full
 AL A. A. License Number

1. ~~Is the A. A. currently certified or registered to any other primary certifying anesthesiologist? If the answer is YES, in the space below give the anesthesiologist name, practice address, and number of hours per week with each primary supervising anesthesiologist.~~

NAME _____

ADDRESS _____

REGISTRATION No. _____

HOURS per week _____

Anesthesiologist Assistant Job Description

Listed below are duties approved by the Board as a basic job description. Any additional duties requested must be listed. Any additional duties must be individually considered and approved by the Board before performing them.

The following list includes the basic roles and functions to be performed by the Anesthesiologist Assistant. The list includes the acts, tasks and functions which the AA will be allowed to perform under supervision of an anesthesiologist, as well as those limited actions to be taken in life-threatening emergency conditions.

1. Administers anesthesia under the supervision of an anesthesiologist.
2. Performs initial acute cardio-pulmonary resuscitation in life-threatening situations as directed by an anesthesiologist.
3. Establishes multi-parameter monitoring of patients prior to, during and after anesthesia or in other acute care situations. This may include invasive / non-invasive monitoring under the direct supervision of an anesthesiologist. Also, other monitoring as may be developed for anesthesia and intensive care use may be incorporated.
4. Manages perioperative anesthetic care, including ventilary support and other respiratory care parameters as directed by an anesthesiologist.
5. Assists in research projects as carried out by an anesthesiologist.
6. Instructs others in principles and practices of anesthesia, respiratory care and cardio-pulmonary resuscitation as directed by the anesthesiologist.
7. Assists an anesthesiologist in gathering routine perioperative data.
8. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.
9. The choice of anesthesia and drugs to be employed are prescribed by an anesthesiologist for each patient except:
 - (a) where standard orders for the conduct of specified anesthetic are prescribed; and
 - (b) where life threatening emergencies arise necessitating the utilization of standard therapeutic or resuscitation procedures. An anesthesiologist will be

immediately available for consultation regarding changes from standard procedures.

10. ADDITIONAL DUTIES REQUESTED FOR THE ANESTHESIOLOGIST

ASSISTANT (i.e. procedures requiring additional training). Provide, as an attachment to this Job Description, documentation of the training and / or certification which qualifies the anesthesiologist assistant to perform each additional duty / procedure which is requested. Training for the additional duty/procedure shall have been previously approved by the Board pursuant to Board Rules.

Do you want to request approval to train for additional duty/procedure at this time?

11. List each practice site where this Job Description will be utilized, ~~including name, address and phone number.~~

Practice Site Address

Site Name

Country

Street

Apt/Suite

City

State

Zip

County

Phone Number

Number of hours the AA will be working at this site each week

~~12. List the name and designated working hours per week of each anesthesiologist assistant at the practice site where this Job Description will be utilized (a Supervising Anesthesiologist may supervise a maximum of four Anesthesiologist Assistants):~~

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Anesthesiologist Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules and regulations of the State of Alabama pertaining to anesthesiologist assistants and understand our responsibilities. We understand that we are equally responsible for the actions of the Anesthesiologist Assistant.

Print Name _____ Signature of Primary Supervising Anesthesiologist _____
Date _____

Print Name _____ Signature of Anesthesiologist Assistant _____
Date _____

~~This form must be printed, signed, and emailed/faxed/mailed to the Board. Email address is provided on instructions page.~~

Under Alabama law, this document is a public record and if requested it will be provided in its entirety.

I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7. I attest that the foregoing information has been provided by me and is true and correct to the best of my knowledge, information and belief.

Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

SUPPLEMENTAL CERTIFICATE TO APPLICATION
FOR REGISTRATION AS AN **ANESTHESIOLOGIST ASSISTANT**

To: _____

(Name and Address of Hospital or Corporate Employer)

The State Board of Medical Examiners has been presented with an application from _____ for registration as an

anesthesiologist assistant to _____

M.D. Information available to the Board indicates that _____

, M. D., is an employee of _____ (legal entity),

and that _____, Anesthesiologist Assistant, is an employee of _____ (legal entity).

To assist the Board in evaluating this application, it is requested that this questionnaire be filled out and executed by the President, Chairman, Chief Executive Officer or Chief Administrative Officer of the corporation or other legal entity that employs the anesthesiologist and the anesthesiologist assistant. These questions relate directly to the supervisory relationship contemplated by Board Rules, Chapter 540-X-7. When an additional explanation is to be provided, please attach additional information on separate pages.

1. Is the anesthesiologist whose name appears above, employed by you to engage in the full-time practice of anesthesiology? If the answer to this question is no, please provide the Board with details of the employment agreement between your corporation and the anesthesiologist.
2. Does the anesthesiologist whose name is stated above have the unqualified authority to terminate the employment of the anesthesiologist assistant registered to him/her? If the answer to this question is no, please set out in detail the steps required to terminate the employment of the anesthesiologist assistant and identify the officer or officers of the corporation authorized to make that decision.
3. Does the anesthesiologist whose name is stated above, have the unqualified authority to determine the levels of compensation to be paid to the anesthesiologist assistant registered to him/her? If the answer to this question is no, please set forth in detail the manner in which the compensation of the anesthesiologist assistant is established and the identification of the officer or officers of the corporation who are authorized to establish increase or reduce the compensation of the anesthesiologist assistant.
4. Does the anesthesiologist whose name appears above have the unqualified authority in matters relating to patient care to enforce compliance with orders and directives issued to the anesthesiologist assistant? Please describe in detail the manner in which such orders and directives may be enforced.
5. Is the anesthesiologist assistant whose name appears above subject to the supervision, direction or control of any officer, director, supervisor or employee of the corporation other than the anesthesiologist to whom he or she is registered? If the answer to this question is yes, please explain in detail, identifying the individual exercising the supervision, direction or control and the circumstances in which such supervision, direction and control would be exercised.
6. In matters relating to patient care, is the anesthesiologist assistant whose name appears above subject to the immediate supervision, direction or control of any non-physician? If yes, explain the relationship.
7. Will the anesthesiologist assistant whose name appears above be expected or required to perform any part of his or her duties at any time when the anesthesiologist to whom he

or she is registered is not on duty and physically present on the premises of the hospital, clinic, or facility where the anesthesiologist assistant services will be rendered? If the answer to this question is yes, please explain in detail all such circumstances.

I understand that the information submitted herein is to be used by the Board of Medical Examiners as the basis for certification of an anesthesiologist assistant and that the furnishing of false or misleading information or the future occurrence of substantial departures from or violations of the standards and procedures outlined in this response, may be considered by the Board as grounds for termination of the certification of the anesthesiologist assistant.

The undersigned hereby certifies that the foregoing information is true and correct to the best of my knowledge, information and belief.

Name of the Corporation

Title of Officer Signing Certificate

Printed Name of the Officers Signing Certificate

Signature

This form should be completed, printed, and provided directly to the Alabama Board of Medical Examiners. Facsimile and email of this form are accepted.

Author: Alabama Board of Medical Examiners

Authority: Ala. Code § 34-24-303

History: Amended/Approved: November 16, 2017. Effective Date: April 9, 2018.