

EDDIE BAZA CALVO
Governor

RAY TENORIO
Lieutenant Governor

Office of the Governor of Guam.

DEC 31 2014

Honorable Judith T. Won Pat, Ed.D.
Speaker
I Mina'trentai Dos Na Liheslaturan Guåhan
155 Hesler Street
Hagåtña, Guam 96910

33-15-0028

Office of the Speaker
Judith T. Won Pat, Ed.D.

Date: 01/06/15

Time: 4:10 PM

Received By: CARL SANCHEZ ZIMPA

Dear Madame Speaker:

Transmitted herewith is Bill No. 381-32 (COR) "AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, PART 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING THE ANESTHESIOLOGIST ASSISTANT ACT" which I signed into law on December 29, 2014 as Public Law 32-212.

Senseramente,

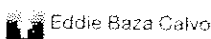

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P.O. Box 2950 • Hagatna, Guam 96932

Tel: (671) 472-8931 • Fax: (671) 477-4826 • governor.guam.gov • calendar.guam.gov



Eddie Baza Calvo



@eddiebazacalvo



@governorcalvo



governorofguam

I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2014 (SECOND) Regular Session

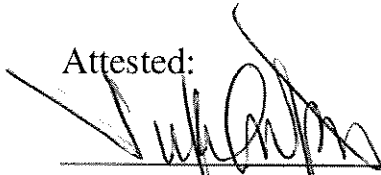
CERTIFICATION OF PASSAGE OF AN ACT TO I MAGA'LAHEN GUÅHAN

This is to certify that **Substitute Bill No. 381-32 (COR), "AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER 12, PART 2, TITLE 10, GUAM CODE ANNOTATED, RELATIVE TO ESTABLISHING THE ANESTHESIOLOGIST ASSISTANT ACT,"** was on the 17th day of December, 2014, duly and regularly passed.



Judith T. Won Pat, Ed.D.
Speaker

Attested:



Tina Rose Muña Barnes
Legislative Secretary

This Act was received by *I Maga'lahaen Guåhan* this 17 day of Dec,
2014, at
6:30 o'clock P.M.



Assistant Staff Officer
Maga'lahi's Office

APPROVED:


EDWARD J.B. CALVO
I Maga'lahaen Guåhan

Date: DEC 29 2014

Public Law No. 32-212

I MINA'TRENTAI DOS NA LIHESLATURAN GUÅHAN
2014 (SECOND) Regular Session

Bill No. 381-32 (COR)

As substituted by the Committee on Health
and Human Services, Health Insurance Reform,
Economic Development, and Senior Citizens.

Introduced by:

Dennis G. Rodriguez, Jr.

T. C. Ada

V. Anthony Ada

FRANK B. AGUON, JR.

B. J.F. Cruz

Chris M. Dueñas

Michael T. Limtiaco

Brant T. McCreadie

Tommy Morrison

T. R. Muña Barnes

R. J. Respicio

Michael F. Q. San Nicolas

Aline A. Yamashita, Ph.D.

Judith T. Won Pat, Ed.D.

**AN ACT TO ADD A NEW ARTICLE 24 TO CHAPTER
12, PART 2, TITLE 10, GUAM CODE ANNOTATED,
RELATIVE TO ESTABLISHING THE
ANESTHESIOLOGIST ASSISTANT ACT.**

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 an
6 anesthesiologist assistant. A qualified anesthesiologist assistant is an allied

1 healthcare practitioner who has satisfactorily completed an anesthesiologist
2 assistant program granting a Master's degree, has been certified by the National
3 Commission for Certification of Anesthesiologist Assistants (NCCAA), and has
4 been credentialed by the institution.

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

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

22 In many situations, anesthesia care is rendered through use of an anesthesia
23 care team in which an anesthesiologist concurrently medically directs nurse
24 anesthetists and/or anesthesiologist assistants in the performance of the technical
25 aspects of anesthesia care. Anesthesiologists engaged in medical direction are
26 responsible for the pre-anesthetic medical evaluation of the patient, prescription,
27 and implementation of the anesthesia plan, personal participation in the most

1 demanding procedures of the plan (including induction and emergence), following
2 the course of anesthesia administration at frequent intervals, remaining physically
3 available for the immediate treatment of emergencies and providing indicated post-
4 anesthesia care.

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

9 (1) provide non-medical assessment of the patient’s health status as
10 it relates to the relative risks involved with anesthetic management of the
11 patient during performance of the operative procedure;

12 (2) based on the health status of the patient, determine, in
13 consultation with the responsible anesthesiologist, and administer the
14 appropriate anesthesia plan (i.e., selection and administration of anesthetic
15 agents, airway management, monitoring and recording of vital signs, support
16 of life functions, use of mechanical support devices and management of
17 fluid, electrolyte and blood component balance);

18 (3) recognize and, in consultation with the responsible
19 anesthesiologist, take appropriate corrective action to counteract problems
20 that may develop during implementation of the anesthesia plan;

21 (4) provide necessary, normal post-anesthesia nonmedical care in
22 consultation with the responsible anesthesiologist; and

23 (5) provide such other services as may be determined by the
24 responsible anesthesiologist.

25 It is the intent of *I Liheslaturan Guåhan* to establish the practice of
26 anesthesiologist assistant, and to designate the Guam Board of Medical Examiners

1 as the governing body, which *shall* have full regulatory purview and administrative
2 authority over the licensure and conduct of the anesthesiologist assistant.

3 **Section 2.** A new Article 24 is hereby *added* to Chapter 12, Part 2, Title
4 10, Guam Code Annotated, to read:

5 **“ARTICLE 24**

6 **ANESTHESIOLOGIST ASSISTANT ACT**

7 § 122400. Short Title.

8 § 122401. Definitions.

9 § 122402. Rules; Promulgation.

10 § 122403. Qualifications for Licensure.

11 § 122404. Application for Licensure; Requirements for
12 Anesthesiologist Assistants.

13 § 122405. Requirements for Approval of Training Programs.

14 § 122406. Performance of Supervising Anesthesiologist.

15 § 122407. Licensure; Registration of Anesthesiologist Assistant.

16 § 122408. Performance of Anesthesiologist Assistant.

17 § 122409. Registration of Anesthesiologist Assistant Supervision.

18 § 122410. Renewal of License.

19 § 122411. Annual Registration of Employment; Change.

20 § 122412. Anesthesiologist Assistant Protocols and Performance.

21 § 122413. Identification.

22 § 122414. Direct Supervision Required.

23 § 122415. Supervision Ratio; One-To-Two (1:2); Limited.

24 § 122416. Exceptions to Licensure Requirement.

25 § 122417. Prescriptive Authority; Limited to Delegation by
26 Prescribing Anesthesiologist.

1 § 122400. **Short Title.** This Article may be cited as the
2 Anesthesiologist Assistant Act.

3 § 122401. **Definitions.** For purposes of this Article, the following
4 words and phrases have been defined to mean:

5 (a) *Board* means the Guam Board of Medical Examiners,
6 which *shall* have regulatory purview and administrative authority over
7 the licensure and conduct of the anesthesiologist assistant;

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

17 (c) *Anesthesiologist assistant* means a graduate of an
18 approved program who is licensed to perform medical services
19 delegated and directly supervised by a supervising anesthesiologist. A
20 *licensed anesthesiologist assistant* means a skilled person who has
21 passed the nationally recognized examination administered through
22 the National Commission on Certification of Anesthesiologist
23 Assistants, and is licensed by the Board who may be employed by a
24 medical practice to assist an anesthesiologist in developing and
25 implementing anesthesia care plans for patients, while *solely* under
26 the direct supervision and direction of the anesthesiologist who is
27 responsible for the performance of that anesthesiologist assistant;

1 (d) *Anesthesiology* means the practice of medicine that
2 specializes in the relief of pain during and after surgical procedures
3 and childbirth, during certain chronic disease processes, and during
4 resuscitation and critical care of patients in the operating room and
5 intensive care environments;

6 (e) *Applicant* means a person who is applying to the Board
7 for a license as an anesthesiologist assistant;

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

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

25 (h) *Direct supervision* as used herein means on-site and
26 physically in immediate proximity of the patient, and personal
27 supervision by an anesthesiologist who is present in the office when

1 the procedure is being performed in that office, or is present in the
2 surgical or obstetrical suite when the procedure is being performed in
3 that surgical or obstetrical suite, and who is, in all instances,
4 immediately available to provide assistance and direction to the
5 anesthesiologist assistant while anesthesia services are being
6 performed;

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

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

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

16 **§ 122402. Rules; Promulgation.**

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

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

21 (2) for providing procedures and forms for licensure
22 and annual registration;

23 (3) for examining and evaluating applicants for
24 licensure as an anesthesiologist assistant regarding the required
25 skill, knowledge and experience in developing and
26 implementing anesthesia care plans under supervision;

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

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

8 (6) to carry out the provisions of the Anesthesiologist
9 Assistant Act.

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

13 (c) The Board shall adopt rules, to include, but not be limited
14 to:

15 (1) establishing requirements for anesthesiologist
16 assistant licensing, including:

17 (A) completion of a graduate level training
18 program accredited by the commission on accreditation
19 of allied health education programs;

20 (B) successful completion of a certifying
21 examination for anesthesiologist assistants administered
22 by the national commission for the certification of
23 anesthesiologist assistants; and

24 (C) current certification, recognized by the
25 Board, in advanced cardiac life-support techniques;

26 (2) establishing minimum requirements for continuing
27 education of *not less than* forty (40) hours every two (2) years;

1 (3) requiring adequate identification of the
2 anesthesiologist assistant to patients and others;

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

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

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

20 (7) establishing the number of anesthesiologist
21 assistants a supervising anesthesiologist may supervise at one
22 time, which number, except in emergency cases, *shall not*
23 exceed two (2). An anesthesiologist *shall not* concurrently
24 supervise, *except in emergency cases*, more than three (3)
25 anesthesia providers during the emergency, and only if they are
26 a licensed anesthesiologist assistant, or as otherwise determined
27 to be appropriate by the Board during emergency cases only;

1 (8) within three (3) months of the date on which the
2 Anesthesiologist Assistant Act becomes effective, providing for
3 enhanced supervision at the commencement of an
4 anesthesiologist assistant's practice; and

5 (a) establishing appropriate fees.

6 **§ 122403. Qualifications for Licensure.**

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

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

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

25 (d) Licensed anesthesiologist assistants *shall* meet all other
26 requisite educational requirements established by the Board pursuant
27 to § 122402 of this Article.

1 **§ 122404. Application for Licensure; Requirements for**
2 **Anesthesiologist Assistants.**

3 (a) Application for Licensure.

4 (1) All persons applying for licensure as an
5 anesthesiologist assistant *shall* submit an application to the
6 Board on forms approved by Board.

7 (2) The application *may not* be used for more than one
8 (1) year from the date of the original submission of the
9 application and fee. After one (1) year from the date that the
10 original application and fee have been received in the Board
11 office, a new application and fee *shall* be required from any
12 applicant who desires licensure as an anesthesiologist assistant.

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

16 (b) Requirements for Licensure.

17 (1) All applicants for licensure as an anesthesiologist
18 assistant must submit an application as set forth in Subsection
19 (a)(1) above. The applicant must meet all of the requirements of
20 this Article, and the applicant must submit two (2) personalized
21 and individualized letters of recommendation from
22 anesthesiologists. Letters of recommendation must be
23 composed and signed by the applicant's supervising physician,
24 or, for recent graduates, the faculty physician, and give details
25 of the applicant's clinical skills and ability. Each letter must be
26 addressed to the Board and must have been written *no more*

1 *than* six (6) months prior to the filing of the application for
2 licensure.

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

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

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

10 (A) Completion of three (3) hours of all
11 Category I, American Medical Association Continuing
12 Medical Education or American Osteopathic Association
13 approved Category I-A continuing education related to
14 the practice of osteopathic medicine or under osteopathic
15 auspices, which includes the topics of Human
16 Immunodeficiency Virus and Acquired Immune
17 Deficiency Syndrome: the disease and its spectrum of
18 clinical manifestations: epidemiology of the disease;
19 related infections including TB; treatment, counseling,
20 and prevention; transmission from healthcare worker to
21 patient and patient to healthcare worker; universal
22 precautions and isolation techniques; and legal issues
23 related to the disease. If the applicant has not already
24 completed the required continuing medical education,
25 upon submission of an affidavit of good cause, the
26 applicant will be allowed six (6) months to complete this
27 requirement.

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

1 (C) Completion of two (2) hours of continuing
2 medical education relating to prevention of medical
3 errors, which includes a study of root cause analysis,
4 error reduction and prevention, and patient safety, and
5 which is approved by any state or federal government
6 agency, or nationally affiliated professional association,
7 or any provider of Category I or II American Medical
8 Association Continuing Medical Education or American
9 Osteopathic Association approved Category I-A
10 continuing education related to the practice of
11 osteopathic medicine or under osteopathic auspices.

12 **§ 122405. Requirements for Approval of Training Programs.**

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

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

20 **§ 122406. Performance of Supervising Anesthesiologist.**

21 (a) An anesthesiologist who directly supervises an
22 anesthesiologist assistant must be qualified in the medical areas in
23 which the anesthesiologist assistant performs and is liable for the
24 performance of the anesthesiologist assistant. An anesthesiologist may
25 only concurrently supervise two (2) anesthesiologist assistants at the
26 same time.

1 (b) An anesthesiologist or group of anesthesiologists must,
2 upon establishing a supervisory relationship with an anesthesiologist
3 assistant, file with the Board a written protocol that includes, at a
4 minimum:

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

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

10 (3) The address of the anesthesiologist assistant's
11 primary practice location and the address of any other locations
12 where the anesthesiologist assistant may practice.

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

15 (5) The signatures of the anesthesiologist assistant and
16 all supervising physicians.

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

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

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

23 The protocol *shall* be on file with the Board *before* the
24 anesthesiologist assistant may practice with the anesthesiologist or
25 group. An anesthesiologist assistant *shall not* practice unless a written
26 protocol has been filed for that anesthesiologist assistant in
27 accordance with this Subection, and the anesthesiologist assistant may

1 only practice under the direct supervision of an anesthesiologist who
2 has signed the protocol. The protocol must be updated biennially.

3 **§ 122407. Licensure; Registration of Anesthesiologist Assistant.**

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

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

11 **§ 122408. Performance of Anesthesiologist Assistant.**

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

19 (1) Obtain a comprehensive patient history and present
20 the history to the supervising anesthesiologist.

21 (2) Pretest and calibrate anesthesia delivery systems
22 and monitor, obtain, and interpret information from the systems
23 and monitors.

24 (3) Assist the supervising anesthesiologist with the
25 implementation of medically accepted monitoring techniques.

1 (4) Establish basic and advanced airway interventions,
2 including intubation of the trachea and performing ventilatory
3 support.

4 (5) Administer intermittent vasoactive drugs and start
5 and adjust vasoactive infusions.

6 (6) Administer anesthetic drugs, adjuvant drugs, and
7 accessory drugs.

8 (7) Assist the supervising anesthesiologist with the
9 performance of epidural anesthetic procedures and spinal
10 anesthetic procedures.

11 (8) Administer blood, blood products, and supportive
12 fluids.

13 (9) Support life functions during anesthesia health
14 care, including induction and intubation procedures, the use of
15 appropriate mechanical supportive devices, and the
16 management of fluid, electrolyte, and blood component
17 balances.

18 (10) Recognize and take appropriate corrective action
19 for abnormal patient responses to anesthesia, adjunctive
20 medication, or other forms of therapy.

21 (11) Participate in management of the patient while in
22 the post-anesthesia recovery area, including the administration
23 of any supporting fluids or drugs.

24 (12) Perform other tasks *not* prohibited by law that are
25 delegated by the supervising licensed anesthesiologist, and for
26 which the anesthesiologist assistant has been trained and is
27 proficient to perform.

1 (b) Nothing in this Section or Chapter shall prevent third-
2 party payors from reimbursing employers of anesthesiologist
3 assistants for covered services rendered by such anesthesiologist
4 assistants.

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

7 (d) An anesthesiologist assistant may perform anesthesia
8 tasks and services within the framework of a written practice protocol
9 developed between the supervising anesthesiologist and the
10 anesthesiologist assistant.

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

20 (f) An anesthesiologist assistant *shall not* administer or
21 monitor general or regional anesthesia unless the supervising
22 anesthesiologist:

23 (1) is physically present in the room during induction
24 and emergence;

25 (2) is *not* concurrently performing any other
26 anesthesiology procedure independently upon another patient;
27 and

1 (3) is available to provide immediate physical
2 presence in the room.

3 **§ 122409. Registration of Anesthesiologist Assistant**
4 **Supervision.**

5 Prior to practicing on Guam, the anesthesiologist assistant *shall*
6 present for approval of the Board of Medical Examiners a completed
7 application for supervision by a Guam-licensed anesthesiologist. The
8 practice of the anesthesiologist assistant must fall within the practice of the
9 supervising anesthesiologist with whom the anesthesiologist assistant is
10 registered. In the event of any changes of a supervising anesthesiologist, the
11 names of the supervising anesthesiologists must be provided to the Board.
12 The Board must be notified at least ten (10) days prior to the effective date
13 of change. Practicing without a supervising anesthesiologist *shall* be grounds
14 for disciplinary action, including revocation of license.

15 **§ 122410. Renewal of License.**

16 Each licensed anesthesiologist assistant *shall* present evidence of
17 current certification, and recertification through the National Commission on
18 Certification of Anesthesiologist Assistants, or its successor, every two (2)
19 years for the renewal of a license.

20 **§ 122411. Annual Registration of Employment; Change.**

21 (a) Upon becoming licensed, the Board *shall* register the
22 anesthesiologist assistant on the anesthesiologist assistants roster,
23 including his name, address and other board-required information, and
24 the anesthesiologist assistant's supervising anesthesiologist's name
25 and address.

26 (b) Annually, each anesthesiologist assistant *shall* register
27 with the Board, providing the anesthesiologist assistant's current

1 name and address, the name and address of the supervising
2 anesthesiologist for whom he is working, and any additional
3 information required by the Board. Failure to register annually will
4 result in the anesthesiologist assistant being required to pay a late fee
5 or having his license placed on inactive status.

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

9 (d) The registration of an anesthesiologist assistant *shall* be
10 void upon changing his supervising anesthesiologist, until the
11 anesthesiologist assistant registers a new supervising anesthesiologist
12 with the Board, accompanied by a change in supervision fee, in an
13 amount to be determined by the Board.

14 **§ 122412. Anesthesiologist Assistant Protocols and**
15 **Performance.**

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

20 (1) name, address, and license number of the
21 anesthesiologist assistant;

22 (2) name, address, license number and federal Drug
23 Enforcement Administration (DEA) number of each
24 anesthesiologist who will supervise the anesthesiologist
25 assistant;

1 (3) address of the anesthesiologist assistant's primary
2 practice location, and any other locations where the assistant
3 may practice;

4 (4) the date the protocol was developed and the dates
5 of all revisions;

6 (5) the designation and signature of the primary
7 supervising anesthesiologist;

8 (6) signatures of the anesthesiologist assistant and all
9 supervising anesthesiologists;

10 (7) the duties and functions of the anesthesiologist
11 assistant;

12 (8) conditions or procedures that require the personal
13 provision of care by an anesthesiologist; and

14 (9) the procedures to be followed in the event of an
15 anesthetic emergency.

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

19 (c) The protocol must be updated biennially.

20 (d) Anesthesiologist assistants may perform the following
21 duties under the direct supervision of an anesthesiologist, and as set
22 forth in the protocol outlined in Subsection (a) above:

23 (1) obtaining a comprehensive patient history and
24 presenting the history to the supervising anesthesiologist;

25 (2) pretesting and calibration of anesthesia delivery
26 systems and monitoring, obtaining and interpreting information
27 from the systems and monitors;

1 (3) assisting the anesthesiologist with the
2 implementation of monitoring techniques:

3 (4) establishing basic and advanced airway
4 interventions, including intubations of the trachea and
5 performing ventilatory support;

6 (5) administering intermittent vasoactive drugs, and
7 starting and adjusting vasoactive infusions;

8 (6) administering anesthetic drugs, adjuvant drugs,
9 and accessory drugs;

10 (7) assisting the anesthesiologist with the performance
11 of epidural anesthetic procedures and spinal anesthetic
12 procedures;

13 (8) administering blood, blood products, and
14 supportive fluids;

15 (9) supporting life functions during anesthesia health
16 care, including induction and intubation procedures, the use of
17 appropriate mechanical supportive devices, and the
18 management of fluid, electrolyte, and blood component
19 balances;

20 (10) recognizing and taking appropriate corrective
21 action for abnormal patient responses to anesthesia, adjunctive
22 mediation, or other forms of therapy;

23 (11) participating in the management of the patient
24 while in the post-anesthesia recovery area, including the
25 administration of supporting fluids; and

26 (12) performing other tasks *not* prohibited by law that
27 are delegated by the supervising licensed anesthesiologist, and

1 for which the anesthesiologist assistant has been trained and is
2 proficient to perform.

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

8 (f) Continuity of Supervision in practice settings *shall*
9 require the anesthesiologist assistant to document in the anesthesia
10 record any change in his or her supervisor.

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

14 **§ 122413. Identification.**

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

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

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

24 **§ 122414. Direct Supervision Required.**

25 (a) Tasks performed by the anesthesiologist assistant must be
26 under the direct supervision of a registered supervising
27 anesthesiologist.

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

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

7 (d) *Not more than* two (2) currently licensed anesthesiologist
8 assistants may be supervised by a licensed anesthesiologist at any one
9 time, except as may be otherwise provided pursuant to § 122506(a).

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

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

17 **§ 122415. Supervision Ratio; One-to-Two (1:2); Limited.**

18 The registered supervising anesthesiologist *shall* be limited to a
19 supervision maximum ratio of one-to-two (1:2), and *shall not* supervise the
20 anesthesiologist assistants while concurrently performing any anesthesiology
21 procedure upon more than one (1) patient.

22 **§ 122416. Exceptions to Licensure Requirement.**

23 No person may practice as an anesthesiologist assistant on Guam who
24 is *not* licensed by the Board. This Article, however, *shall not* be construed to
25 prohibit a student in an anesthesiologist assistant program from performing
26 duties or functions assigned by his instructors, who is working under the
27 direct supervision of a licensed anesthesiologist in an approved externship.

1 **§ 122417. Prescriptive Authority - None; Limited to Delegation**
2 **by Prescribing Anesthesiologist.**

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

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

15 **Section 4. Effective Date.** This Act *shall* become effective upon
16 enactment.