Amended: November 1, 2024

OKLAHOMA ANESTHESIOLOGIST ASSISTANT ACT
TITLE 59 O.S., SECTIONS 3201 – 3208

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SECTION 3201. Short Title

This act shall be known and may be cited as the “Oklahoma Anesthesiologist Assistant Act”.

Added by Laws 2008, SB 1577, c. 161, § 1, eff. November 1, 2008.

SECTION 3202. Definitions

As used in the Oklahoma Anesthesiologist Assistant Act:

1. "Board" means the State Board of Medical Licensure and Supervision;

2. "Anesthesiologist assistant" means a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by a supervising anesthesiologist;

3. "Approved program" means a program for the education and training of anesthesiologist assistants approved by the State Board of Medical Licensure and Supervision;

4. “Direct supervision" means the on-site, personal supervision by an anesthesiologist who is present in the office when the procedure is being performed in that office, or is present in the surgical or obstetrical suite when the procedure is being performed in that surgical or obstetrical suite and who is in all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed; and

5. “NCCAA” means the National Commission for Certification of Anesthesiologist Assistants.

Added by Laws 2008, SB 1577, c. 161, § 2, eff. November 1, 2008

SECTION 3203. Board Duties

The State Board of Medical Licensure and Supervision shall:

1. Examine, license and renew the licenses of duly qualified applicants;

2. Maintain an up-to-date list of every person licensed to practice pursuant to the Oklahoma Anesthesiologist Assistant Act. The list shall show the licensee's last-known place of employment, last-known place of residence, and the date and number of the license;

3. Cause the prosecution of all persons violating the Oklahoma Anesthesiologist Assistant Act and incur necessary expenses therefor;

4. Keep a record of all proceedings of the Board and make such record available to the public for inspection during reasonable business hours;

5. Conduct hearings upon charges calling for discipline of a licensee, or denial, revocation or suspension of a license; and

6. Share information on a case-by-case basis of any person whose license has been suspended, revoked or denied. The information shall include the name, type and cause of action, date and penalty incurred, and the length of penalty. The information shall be available for public inspection during reasonable business hours and shall be supplied to similar boards in other states upon request.

Added by Laws 2008, SB 1577, c. 161, § 3, eff. November 1, 2008; Amended by Laws 2024, SB 597, c. 227, § 7, eff. November 1, 2024

SECTION 3204. Board Powers

The State Board of Medical Licensure and Supervision may:

1. Promulgate rules, consistent with the laws of this state, as may be necessary to enforce the provisions of the Oklahoma Anesthesiologist Assistant Act. Rules shall be promulgated in accordance with Article I of the Administrative Procedures Act;

2. Employ such personnel as necessary to assist the Board in performing its function;

3. Establish license renewal requirements and procedures as deemed appropriate;

4. Secure the services of resource consultants as deemed necessary by the Board. Resource consultants shall be reimbursed for all actual and necessary expenses incurred while engaged in consultative service to the Board, pursuant to the State Travel Reimbursement Act;

5. Enter into agreements or contracts, consistent with state law, with outside organizations for the purpose of developing, administering, grading or reporting the results of licensing examinations. Such groups shall be capable of providing an examination which meets the standards of the NCCAA, or their equivalent; and

6. Establish by rule license examination fees.

Added by Laws 2008, SB 1577, c. 161, § 4, eff. November 1, 2008.

SECTION 3205. Applications

A. All persons applying for licensure as an anesthesiologist assistant shall submit an application to the State Board of Medical Licensure and Supervision on forms approved by the Board.

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

C. All application information must be submitted no later than fifteen (15) days prior to the meeting at which the applicant desires the application to be considered.

Added by Laws 2008, SB 1577, c. 161, § 5, eff. November 1, 2008.

SECTION 3206. Applicant Requirements

A. All applicants for licensure as an anesthesiologist assistant must submit an application as set forth in Section 3205 of this act. The applicant must submit two personalized and individualized letters of recommendation from anesthesiologists. Letters of recommendation must be composed and signed by the applicant's supervising physician, or, for recent graduates, the faculty physician, and give details of the applicant's clinical skills and ability. Each letter must be addressed to the State Board of Medical Licensure and Supervision and must have been written no more than six (6) months prior to the filing of the application for licensure.

B. The applicant must have obtained a passing score on the examination administered through the NCCAA. The passing score shall be established by the NCCAA.

C. The applicant must be certified in advanced cardiac life support.

D. The applicant must submit notarized statements containing the following information:

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

2. Completion of one (1) hour of continuing medical education on domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide

such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education or American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices. Home study courses approved by the above agencies shall be acceptable. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant shall be allowed six (6) months to complete this requirement; and

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

Added by Laws 2008, SB 1577, c. 161, § 6, eff. November 1, 2008.

SECTION 3207. Supervisory Relationship Filings – Supervised Anesthesiologist Assistants Duties – Documentation of Supervisor Change – Documentation of Procedure

A. Every anesthesiologist or group of anesthesiologists, upon entering into a supervisory relationship with an anesthesiologist assistant must file with the State Board of Medical Licensure and Supervision a written protocol, to include, at a minimum, the following:

1. Name, address, and license number of the anesthesiologist assistant;

2. Name, address, license number and federal Drug Enforcement Administration (DEA) number of each anesthesiologist who will supervise the anesthesiologist assistant;

3. Address of the anesthesiologist assistant's primary practice location and any other locations where the assistant may practice;

4. The date the protocol was developed and the dates of all revisions;

5. The designation and signature of the primary supervising anesthesiologist;

6. Signatures of the anesthesiologist assistant and all supervising anesthesiologists;

7. The duties and functions of the anesthesiologist assistant;

8. Conditions or procedures that require the personal provision of care by an anesthesiologist; and

9. The procedures to be followed in the event of an anesthetic emergency.

B. The protocol must be on file with the Board prior to the time the anesthesiologist assistant begins practice with the anesthesiologist or the anesthesiology group.

C. The protocol must be updated biennially.

D. Anesthesiologist assistants may perform the following duties under the direct supervision of an anesthesiologist:

1. Obtaining a comprehensive patient history and presenting the history to the supervising anesthesiologist;

2. Pretesting and calibration of anesthesia delivery systems and monitoring, obtaining and interpreting information from the systems and monitors;

3. Assisting the anesthesiologist with implementation of monitoring techniques;

4. Establishing basic and advanced airway interventions, including intubations of the trachea and performing ventilatory support;

5. Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions;

6. Administering anesthetic drugs, adjuvant drugs, and accessory drugs;

7. Assisting the anesthesiologist with the performance of epidural anesthetic procedures and spinal anesthetic procedures;

8. Administering blood, blood products, and supportive fluids;

9. Supporting life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances;

10. Recognizing and taking appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication or other forms of therapy;

11. Participating in management of the patient while in the post-anesthesia recovery area, including the administration of supporting fluids; and

12. Placing special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.

E. The supervising anesthesiologist shall delegate only tasks and procedures to the anesthesiologist assistant which are within the supervising physician's scope of practice. The

anesthesiologist assistant may work in any setting that is within the scope of practice of the supervising anesthesiologist's practice.

F. Continuity of supervision in practice settings requires the anesthesiologist assistant to document in the anesthesia record any change in supervisor.

G. All tasks and procedures performed by the anesthesiologist assistant must be documented in the appropriate medical record.

Added by Laws 2008, SB 1577, c. 161, § 7, eff. November 1, 2008.

SECTION 3208. Malpractice Insurance or Demonstrated Proof of Financial Responsibility

All anesthesiologist assistants shall carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for licensure shall submit proof of compliance or exemption to the Board office prior to licensure. All licensees shall submit such proof as a condition of biennial renewal or reactivation. Acceptable proof of financial responsibility shall include:

1. Professional liability coverage of at least One Hundred Thousand Dollars ($100,000.00) per claim with a minimum annual aggregate of at least Three Hundred Thousand Dollars ($300,000.00) from an authorized insurer, a surplus lines insurer, a joint underwriting association, a self-insurance plan, or a risk retention group; or

2. An unexpired irrevocable letter of credit, which is in the amount of at least One Hundred Thousand Dollars ($100,000.00) per claim with a minimum aggregate availability of at least Three Hundred Thousand Dollars ($300,000.00) and which is payable to the anesthesiologist assistant as beneficiary. Any person claiming exemption from the financial responsibility law must timely document such exemption at initial certification, biennial renewal, and reactivation.

This act shall become effective November 1, 2008.

Added by Laws 2008, SB 1577, c. 161, § 8, eff. November 1, 2008.

SECTION 3209. Anesthesiologist Assistants Advisory Committee

A. There is hereby established the Anesthesiology Assistants Advisory Committee to advise the State Board of Medical Licensure and Supervision on matters pertaining to the licensure, education and continuing education of licensed anesthesiology assistants and the practice of anesthesiology assistants.

B. The Board shall appoint five (5) members to the Anesthesiology Assistants Advisory Committee as follows:

1. Three members shall be qualified physicians who have been actively practicing anesthesiology in this state for at least five (5) years; and

2. Two members shall be licensed anesthesiology assistants who have been actively practicing as an anesthesiology assistant in this state for at least five (5) years.

C. The physician members of the Committee shall be appointed for staggered terms of one (l), two (2) and three (3) years, respectively.

D. Terms of office of each appointed member shall expire July 1 of that year in which they expire regardless of the calendar date when such appointments were made. Subsequent appointments shall be made for a term of three (3) years or until successors are appointed and qualified.

E. Vacancies shall be filled by the Board in the same manner as the original appointment.

F. Members of the Committee shall serve without compensation except that members shall be reimbursed for necessary travel expenses incurred in the performance of their duties in accordance with the State Travel Reimbursement Act.

G. The Committee shall have the power and duty to:

1. Meet at least twice a year or as otherwise called by the Board; and

2. Advise the Board on matters pertaining to the licensure, education and continuing education requirements for and the practice of anesthesiology assistants in this state.

Laws 2024, SB 597, c. 227, § 8, eff. November 1, 2024.