Chapter 18.71D RCW ANESTHESIOLOGIST ASSISTANTS

Sections

18.71D.010	Definitions.
18.71D.020	Rules fixing qualifications—Applications—Discipline.
18.71D.030	Rules establishing scope of practice—Supervision.
18.71D.040	Permitted duties to be delegated.
18.71D.050	Anesthesiologist's liability, responsibility.
18.71D.060	Signing and attesting to required documentation.
18.71D.070	Application of uniform disciplinary act.

- RCW 18.71D.010 Definitions. The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.
- (1) "Anesthesiologist" means an actively practicing, boardeligible physician licensed under chapter 18.71, 18.71B, or 18.57 RCW who has completed a residency or equivalent training in anesthesiology.
- (2) "Anesthesiologist assistant" means a person who is licensed by the commission to assist in developing and implementing anesthesia care plans for patients under the supervision of an anesthesiologist or group of anesthesiologists approved by the commission to supervise such assistant.
- (3) "Assists" means the anesthesiologist assistant personally performs those duties and responsibilities delegated by the anesthesiologist. Delegated services must be consistent with the delegating anesthesiologist's education, training, experience, and active practice. Delegated services must be of the type that a reasonable and prudent anesthesiologist would find within the scope of sound medical judgment to delegate.
 - (4) "Commission" means the Washington medical commission.
 - (5) "Practice medicine" has the meaning defined in RCW 18.71.011.
- (6) "Secretary" means the secretary of health or the secretary's designee.
- (7) "Supervision" means the immediate availability of the medically directing anesthesiologist for consultation and direction of the activities of the anesthesiologist assistant. A medically directing anesthesiologist is immediately available if they are in physical proximity that allows the anesthesiologist to reestablish direct contact with the patient to meet medical needs and any urgent or emergent clinical problems, and personally participating in the most demanding procedures of the anesthesia plan including, if applicable, induction and emergence. These responsibilities may also be met through coordination among anesthesiologists of the same group or department. [2024 c 362 s 1.]
- RCW 18.71D.020 Rules fixing qualifications—Applications— Discipline. (1) The commission shall adopt rules fixing the qualifications and the educational and training requirements for licensure as an anesthesiologist assistant. The requirements shall include completion of an anesthesiologist assistant program accredited by the commission on accreditation of allied health education programs, or successor organization, and within one year successfully

taking and passing an examination administered by the national commission for the certification of anesthesiologist assistants or other examination approved by the commission.

- (2) Applicants for licensure shall file an application with the commission on a form prepared by the secretary with the approval of the commission, detailing the education, training, and experience of the applicant and such other information as the commission may require. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250 and 43.70.280. Each applicant shall furnish proof satisfactory to the commission of the following:
- (a) That the applicant has completed an accredited anesthesiologist assistant program approved by the commission and is eligible to take the examination approved by the commission; and
- (b) That the applicant is physically and mentally capable of practicing as an anesthesiologist assistant with reasonable skill and safety. The commission may require an applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical or mental capability, or both, to safely practice as an anesthesiologist assistant.
- (3)(a) The commission may approve, deny, or take other disciplinary action upon the application for a license as provided in the uniform disciplinary act, chapter 18.130 RCW.
- (b) The license shall be renewed as determined under RCW 43.70.250 and 43.70.280. The commission shall request licensees to submit information about their current professional practice at the time of license renewal and licensees must provide the information requested.
- (4) No person shall practice as an anesthesiologist assistant or represent that they are a "certified anesthesiologist assistant" or "anesthesiologist assistant" or "C.A.A." or "A.A." without a license granted by the commission. [2024 c 362 s 2.]

RCW 18.71D.030 Rules establishing scope of practice— Supervision. (1) The commission shall adopt rules establishing the requirements and limitations on the practice by and supervision of anesthesiologist assistants, including the number of anesthesiologist assistants an anesthesiologist may supervise concurrently. Unless approved by the commission, an anesthesiologist may not concurrently supervise more than four specific, individual anesthesiologist assistants at any one time.

- (2) The commission may adopt rules for the arrangement of other anesthesiologists to serve as backup or on-call supervising anesthesiologists for multiple anesthesiologist assistants. 362 s 3.1
- RCW 18.71D.040 Permitted duties to be delegated. anesthesiologist assistant may not exceed the scope of their supervising anesthesiologist's practice and may assist with those duties and responsibilities delegated to them by the supervising anesthesiologist, and for which they are competent to assist with based on their education, training, and experience. Duties which an anesthesiologist may delegate to an anesthesiologist assistant include but are not limited to:

- (a) Assisting with preoperative anesthetic evaluations, postoperative anesthetic evaluations, and patient progress notes, all to be cosigned by the supervising anesthesiologist within 24 hours;
 - (b) Administering and assisting with preoperative consultations;
- (c) Under the supervising anesthesiologist's consultation and direction, order perioperative pharmaceutical agents, medications, and fluids, to be used only at the facility where ordered, including but not limited to controlled substances, which may be administered prior to the cosignature of the supervising anesthesiologist. The supervising anesthesiologist may review and if required by the facility or institutional policy must cosign these orders in a timely manner;
- (d) Changing or discontinuing a medical treatment plan, after consultation with the supervising anesthesiologist;
- (e) Calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors, in consultation with an anesthesiologist;
- (f) Assisting the supervising anesthesiologist with the implementation of medically accepted monitoring techniques;
- (q) Assisting with basic and advanced airway interventions, including but not limited to endotracheal intubation, laryngeal mask insertion, and other advanced airways techniques;
- (h) Establishing peripheral intravenous lines, including subcutaneous lidocaine use;
 - (i) Establishing radial and dorsalis pedis arterial lines;
- (j) Assisting with general anesthesia, including induction, maintenance, and emergence;
- (k) Assisting with procedures associated with general anesthesia, such as but not limited to gastric intubation;
- (1) Administering intermittent vasoactive drugs and starting and titrating vasoactive infusions for the treatment of patient responses to anesthesia;
 - (m) Assisting with spinal and intravenous regional anesthesia;
- (n) Maintaining and managing established neuraxial epidurals and regional anesthesia;
 - (o) Assisting with monitored anesthesia care;
- (p) Evaluating and managing patient controlled analgesia, epidural catheters, and peripheral nerve catheters;
 - (q) Obtaining venous and arterial blood samples;
- (r) Assisting with, ordering, and interpreting appropriate preoperative, point of care, intraoperative, or postoperative diagnostic tests or procedures as authorized by the supervising anesthesiologist;
- (s) Obtaining and administering perioperative anesthesia and related pharmaceutical agents including intravenous fluids and blood products;
- (t) Participating in management of the patient while in the preoperative suite and recovery area;
- (u) Providing assistance to a cardiopulmonary resuscitation team in response to a life-threatening situation;
- (v) Participating in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist;
- (w) Assisting with such other tasks not prohibited by law under the supervision of a licensed anesthesiologist that an anesthesiologist assistant has been trained and is proficient to assist with.

- (2) Nothing in this section shall be construed to prevent an anesthesiologist assistant from having access to and being able to obtain drugs as directed by the supervising anesthesiologist. An anesthesiologist assistant may not prescribe, order, compound, or dispense drugs, medications, or devices of any kind. [2024 c 362 s 4.1
- RCW 18.71D.050 Anesthesiologist's liability, responsibility. No anesthesiologist who supervises a licensed anesthesiologist assistant in accordance with and within the terms of any permission granted by the commission is considered as aiding and abetting an unlicensed person to practice medicine. The supervising anesthesiologist and anesthesiologist assistant shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 when performed by the anesthesiologist assistant. [2024 c 362 s 5.]
- RCW 18.71D.060 Signing and attesting to required documentation. An anesthesiologist assistant may sign and attest to any certificates, cards, forms, or other required documentation that the anesthesiologist assistant's supervising anesthesiologist may sign, provided that it is within the anesthesiologist assistant's scope of practice. [2024 c 362 s 6.]
- RCW 18.71D.070 Application of uniform disciplinary act. (1) The uniform disciplinary act, chapter 18.130 RCW, governs the issuance and denial of licenses and the discipline of licensees under this chapter.
- (2) The commission shall consult with the board of osteopathic medicine and surgery when investigating allegations of unprofessional conduct against a licensee who has a supervising anesthesiologist license under chapter 18.57 RCW. [2024 c 362 s 7.]