

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

**ARTICLE 24
ANESTHESIOLOGIST ASSISTANT ACT**

SOURCE: P.L. 32-212:2 (Dec. 29, 2014) added 10 GCA, Chapter 12, Article 24, §§ 122400 - 122417. Codified as §§ 122401 - 122418 by the Compiler pursuant to 1 GCA § 1606.

- § 122401. Short Title.
- § 122402. Definitions.
- § 122403. Rules; Promulgation.
- § 122404. Qualifications for Licensure.
- § 122405. Application for Licensure; Requirements for Anesthesiologist Assistants.
- § 122406. Requirements for Approval of Training Programs.
- § 122407. Performance of Supervising Anesthesiologist.
- § 122408. Licensure; Registration of Anesthesiologist Assistant.
- § 122409. Performance of Anesthesiologist Assistant.
- § 122410. Registration of Anesthesiologist Assistant

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

- Supervision.
- § 122411. Renewal of License.
- § 122412. Annual Registration of Employment; Change.
- § 122413. Anesthesiologist Assistant Protocols and Performance.
- § 122414. Identification.
- § 122415. Direct Supervision Required.
- § 122416. Supervision Ratio; One-To-Two (1:2); Limited.
- § 122417. Exceptions to Licensure Requirement.
- § 122418. Prescriptive Authority; Limited to Delegation by Prescribing Anesthesiologist.

§ 122401. Short Title.

This Article may be cited as the Anesthesiologist Assistant Act.

§ 122402. Definitions.

For purposes of this Article, the following words and phrases have been defined to mean:

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

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

(c) Anesthesiologist assistant means a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by a supervising anesthesiologist. A licensed anesthesiologist assistant

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

means a skilled person who has passed the nationally recognized examination administered through the National Commission on Certification of Anesthesiologist Assistants, and is licensed by the Board who may be employed by a medical practice to assist an anesthesiologist in developing and implementing anesthesia care plans for patients, while solely under the direct supervision and direction of the anesthesiologist who is responsible for the performance of that anesthesiologist assistant;

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

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

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

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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

(h) Direct supervision as used herein means on-site and physically in immediate proximity of the patient, and 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;

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

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

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

§ 122403. Rules; Promulgation.

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

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

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

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

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

(5) for allowing an anesthesiologist assistant to

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

temporarily serve under the supervision of an anesthesiologist other than the supervising anesthesiologist with whom the anesthesiologist assistant is registered; and

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

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

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

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

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

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

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

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

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

(4) requiring the presence, except in cases of emergency, and the documentation of the presence, of the supervising anesthesiologist in the operating room during induction of a general or regional anesthetic and during emergence from a general anesthetic, the presence of the supervising anesthesiologist within the operating suite and immediate availability to the operating room at other times when the anesthetic procedure is being performed and requiring that the anesthesiologist assistant comply with the

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

above restrictions;

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

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

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

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

(9) establishing appropriate fees.

§ 122404. Qualifications for Licensure.

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

(b) Licensed anesthesiology assistants shall be graduates of programs approved and recognized by the Board, and approved by the Anesthesiologist Assistant Examining Committee from an institution accredited by the Committee on Allied Health Education and Accreditation (CAHEA), or the

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

Commission on Accreditation of Allied Health Education Programs (CAAHEP) that is specifically designed to train an individual to administer general or regional anesthesia.

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

(d) Licensed anesthesiologist assistants shall meet all other requisite educational requirements established by the Board pursuant to § 122403 of this Article.

§ 122405. Application for Licensure; Requirements for Anesthesiologist Assistants.

(a) Application for Licensure.

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

(2) The application may not be used for more than one (1) year from the date of the 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.

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

(b) Requirements for Licensure.

(1) All applicants for licensure as an anesthesiologist assistant must submit an application as set forth in Subsection (a)(1) above. The applicant must meet all of the requirements of this Article, and the applicant must submit two (2) 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,

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

the faculty physician, and give details of the applicant's clinical skills and ability. Each letter must be addressed to the Board and must have been written no more than six (6) months prior to the filing of the application for licensure.

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

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

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

(A) 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 will be allowed six (6) months to complete this requirement.

(B) 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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

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 will be acceptable. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant will be allowed six (6) months to complete this requirement.

(C) 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.

§ 122406. Requirements for Approval of Training Programs.

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

(b) The Board may provide for, by regulation, any and all

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

additional requirements deemed necessary to ensure an appropriate, high standard of training and competence are met and maintained.

2017 NOTE: Subsection designations added pursuant to the authority of 1 GCA § 1606.

§ 122407. Performance of Supervising Anesthesiologist.

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

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

(A) The name, address, and license number of the anesthesiologist assistant.

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

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

(D) The date the protocol was developed and the dates of all revisions.

(E) The signatures of the anesthesiologist assistant and all supervising physicians.

(F) The duties and functions of the anesthesiologist assistant.

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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

(H) The procedures to be followed in the event of an anesthetic emergency.

(2) The protocol shall be on file with the Board before the anesthesiologist assistant may practice with the anesthesiologist or group. An anesthesiologist assistant shall not practice unless a written protocol has been filed for that anesthesiologist assistant in accordance with this Subection, and the anesthesiologist assistant may only practice under the direct supervision of an anesthesiologist who has signed the protocol. The protocol must be updated biennially.

2017 NOTE: Subitem designations altered/added pursuant to the authority of 1 GCA § 1606.

§ 122408. Licensure; Registration of Anesthesiologist Assistant.

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

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

§ 122409. Performance of Anesthesiologist Assistant.

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

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

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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

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

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

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

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

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

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

(9) Support 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) Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.

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

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

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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

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

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

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

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

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

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

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

§ 122410. Registration of Anesthesiologist Assistant Supervision.

Prior to practicing on Guam, the anesthesiologist assistant shall present for approval of the Board of Medical Examiners a completed application for supervision by a Guam-licensed anesthesiologist. The practice of the anesthesiologist assistant must fall within the practice of the supervising anesthesiologist with whom the anesthesiologist assistant is registered. In the event of any changes of a supervising anesthesiologist, the names of the supervising anesthesiologists must be provided to

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

the Board. The Board must be notified at least ten (10) days prior to the effective date of change. Practicing without a supervising anesthesiologist shall be grounds for disciplinary action, including revocation of license.

§ 122411. Renewal of License.

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

§ 122412. Annual Registration of Employment; Change.

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

(b) Annually, each anesthesiologist assistant shall register with the Board, providing the anesthesiologist assistant's current name and address, the name and address of the supervising anesthesiologist for whom he is working, and any additional information required by the Board. Failure to register annually will result in the anesthesiologist assistant being required to pay a late fee or having his license placed on inactive status.

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

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

§ 122413. Anesthesiologist Assistant Protocols and Performance.

(a) Every anesthesiologist or group of anesthesiologists, upon entering into a supervisory relationship with an

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

anesthesiologist assistant, shall file with the Board 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 shall 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, and as set forth in the protocol outlined in Subsection (a) above:

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

(2) pretesting and calibration of anesthesia delivery

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

systems and monitoring, obtaining and interpreting information from the systems and monitors;

(3) assisting the anesthesiologist with the 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 the management of the patient while in the post-anesthesia recovery area, including the administration of supporting fluids; and

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

(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

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

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 shall require the anesthesiologist assistant to document in the anesthesia record any change in his or her supervisor.

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

§ 122414. Identification.

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

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

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

§ 122415. Direct Supervision Required.

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

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

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

(d) Not more than two (2) currently licensed anesthesiologist assistants may be supervised by a licensed anesthesiologist at any one time, except as may be otherwise provided pursuant to § 122407(a).

(e) If no registered supervising anesthesiologist is

**10 GCA HEALTH AND SAFETY
CH. 12 MEDICAL PRACTICES**

available to supervise the anesthesiologist assistant, the anesthesiologist assistant shall not perform patient care activities.

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

§ 122416. Supervision Ratio; One-to-Two (1:2); Limited.

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

§ 122417. Exceptions to Licensure Requirement.

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

§ 122418. Prescriptive Authority - None; Limited to Delegation by Prescribing Anesthesiologist.

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