



MARYLAND SOCIETY OF ANESTHESIOLOGISTS

Date: March 14, 2023
Committee: The Honorable Melony Griffith, Chair
Senate Finance Committee
Bill: Senate Bill 673 – Physicians Assistants – Revisions (Physician Assistant Modernization Act of 2023)
Position: Oppose

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research. **We respectfully must oppose Senate Bill 673 due to patient safety concerns.**

As introduced Senate Bill 673 would “require that a physician assistant have a collaboration registration, rather than a delegation agreement, in order to practice as a physician assistant; alter the scope of practice of a physician assistant; alter the education required for licensure as a physician assistant; among other provisions.” SB 673 would not only remove the delegation agreement process altogether and replace it with a collaboration registration, but a physician assistant would be permitted to perform any medical task that a physician could perform, without prior approval by the Board or their collaborating physician.

Senate Bill 673, would also remove any oversight or Board approval for a Physician Assistant to administer anesthesia. Specifically, House Bill 727 proposes to delete the following sections:

Page 17, lines 35-38:

“(3) Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board’s approval of a delegation agreement before the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.”

Page 18, lines 1-19:

“(d) For a delegation agreement containing advanced duties that require Board approval, the Committee shall review the delegation agreement and recommend to the Board that the delegation agreement be approved, rejected, or modified to ensure conformance with the requirements of this title.

(e) The Committee may conduct a personal interview of the primary supervising physician and the physician assistant.

(f) (1) On review of the Committee’s recommendation regarding a primary supervising physician’s request to delegate advanced duties as described in a delegation agreement, the Board:

(i) May approve the delegation agreement; or

(ii) 1. If the physician assistant does not meet the applicable education, training, and experience requirements to perform the specified delegated acts, may modify or disapprove the delegation agreement; and

2. If the Board takes an action under item 1 of this item:

A. Shall notify the primary supervising physician and the physician assistant in writing of the particular elements of the proposed delegation agreement that were the cause for the modification or disapproval; and

B. May not restrict the submission of an amendment to the delegation agreement.”

Historically, there have not been Physician Assistants in Maryland that provide anesthesia, and the one that does has specialized training as an anesthesiologist assistant (AA). Without the Board's review of a practitioner's qualifications and training to administer anesthesia, patient safety could be jeopardized. Our National Affiliate the *American Society of Anesthesiologists (ASA)* states the following with respect to the practice of Anesthesiology:

Anesthesiology is the practice of medicine including, but not limited to, patient care before, during, and after surgery and other diagnostic and therapeutic procedures, and the management of systems and personnel that support these activities. The practice of anesthesiology includes the evaluation and optimization of preexisting medical conditions, the perioperative management of coexisting disease, the delivery of anesthesia and sedation, the management of postanesthetic recovery, the prevention and management of perioperative complications, the practice of acute and chronic pain medicine, and the practice of critical care medicine. This care is personally provided, directed, and/or supervised by the physician anesthesiologist.

In the interests of patient safety and quality of care, the American Society of Anesthesiologists (ASA) believes that all patients deserve the involvement of a physician anesthesiologist in their perioperative care. In the U.S. today, most anesthesia care either is provided personally by a physician anesthesiologist or is provided by a non-physician anesthesia practitioner directed by a physician anesthesiologist within the Anesthesia Care Team (ACT) model. The practice of anesthesiology includes the delegation of monitoring and appropriate tasks by the physician to non-physicians. Such delegation is defined specifically by the physician anesthesiologist and must be consistent with state law, state regulations, and medical staff policy. Although selected tasks may be delegated to qualified members of the ACT, overall responsibility for the team's actions and patient safety ultimately rests with the physician anesthesiologist.

Furthermore, the ASA defines qualified anesthesia personnel or practitioners as: Physician anesthesiologists, anesthesiology fellows, physician residents, anesthesiologist assistants, and nurse anesthetists. Medicare under its condition of participation for anesthesia services, **§ 482.52 Condition of participation**, requires the following:

If the hospital furnishes anesthesia services, they must be provided in a well-organized manner under the direction of a qualified doctor of medicine or osteopathy. The service is responsible for all anesthesia administered in the hospital.

(a) Standard: Organization and staffing. *The organization of anesthesia services must be appropriate to the scope of the services offered. Anesthesia must be administered only by -*

- (1) A qualified anesthesiologist;*
- (2) A doctor of medicine or osteopathy (other than an anesthesiologist);*
- (3) A dentist, oral surgeon, or podiatrist who is qualified to administer anesthesia under State law;*
- (4) A certified registered nurse anesthetist (CRNA), as defined in § 410.69(b) of this chapter, who, unless exempted in accordance with paragraph (c) of this section, is under the supervision of the operating practitioner or of an anesthesiologist who is immediately available if needed; or*
- (5) An anesthesiologist's assistant, as defined in § 410.69(b) of this chapter, who is under the supervision of an anesthesiologist who is immediately available if needed.*

Physician Assistants are not contemplated or recognized as anesthesia providers at the State or Federal level. The safest form of anesthesia is delivered in the anesthesia care team model, which again is not inclusive of PAs as explained above. For these reasons we oppose Senate Bill 673 and would urge the retention of language in current law as it relates to anesthesia.

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