MARYLAND SOCIETY OF ANESTHESIOLOGISTS

Date: February 20, 2024
Committee: The Honorable Pam Beidle, Chair
Senate Finance Committee
Bill: Senate Bill 167 – Physicians Assistants – Revisions (Physician Assistant Modernization Act of 2024)
Position: Support with Amendments

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 request important patient safety amendments be included with respect to the administration of anesthesia.**

As introduced Senate Bill 167 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." HB 806 would not only remove the delegation agreement process altogether and replace it with a collaboration registration but would also remove any oversight or Board approval for a Physician Assistant to administer anesthesia, which is currently addressed and held to a higher standard as an advanced duty.

Historically, there have not been Physician Assistants in Maryland that provide general or neuroaxial anesthesia, and the one that did had 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:

> *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.

The MSA has raised these concerns with the proponents and offer the following patient safety amendments:

Amendment #1:

On page 8, after line 3 INSERT:

(2) "PRACTICE AS A PHYSICIAN ASSISTANT" DOES NOT INCLUDE THE MEDICAL ACTS OF ADMINISTERING, MONITORING, OR MAINTAINING GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING SPINAL, EPIDURAL, AND IMAGE GUIDED INTERVENTIONAL NERVE TECHNIQUES.

Amendment #2:
On Page 14, after line 1 INSERT:

(2) PATIENT SERVICES THAT SHALL NOT BE PROVIDED BY A PHYSICIAN ASSISTANT UNDER A COLLABORATION AGREEMENT INCLUDES ADMINISTERING, MONITORING, OR MAINTAINING GENERAL ANESTHESIA OR NEUROAXIAL ANESTHESIA, INCLUDING SPINAL, EPIDURAL AND IMAGE GUIDED INTERVENTIONAL NERVE TECHNIQUES.

Amendment #3:
On Page 17, line 24 STRIKE "(2)" and STRIKE lines 26-29 inclusive:

[(3)**]** ~~**(2)**~~ **[**Notwithstanding paragraph (1) of this subsection, a primary supervising physician shall obtain the Board's approval of a delegation agreement before**]** ~~**A PHYSICIAN ASSISTANT SHALL SUBMIT TO THE BOARD A COLLABORATION AGREEMENT THAT CONTAINS ANESTHESIA DUTIES BEFORE** the physician assistant may administer, monitor, or maintain general anesthesia or neuroaxial anesthesia, including spinal and epidural techniques, under the agreement.~~

With these amendments we ask for a favorable report on Senate Bill 167.

For additional information please contact Dan Shattuck, Executive Director at mdashq@gmail.com.