SENATE BILL NO. 1029

October 02, 2024, Introduced by Senator HERTEL and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled "Public health code,"

by amending sections 7303a, 16325, 16331, 17001, 17011, 17501, and 17511 (MCL 333.7303a, 333.16325, 333.16331, 333.17001, 333.17011, 333.17501, and 333.17511), section 7303a as amended by 2019 PA 43, sections 16325 and 16331 as added by 1993 PA 80, section 17001 as amended by 2018 PA 624, sections 17011 and 17511 as amended by 2006 PA 398, and section 17501 as amended by 2018 PA 524, and by adding sections 16325a, 17034, 17034a, 17034b, 17534, 17534a, and 17534b.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Sec. 7303a. (1) A prescriber who holds a controlled substances license may administer or dispense a controlled substance listed in schedules 2 to 5 without a separate controlled substances license for those activities.

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- (2) Except as otherwise provided in rules promulgated under section 16204e and for a patient who is under the care of a hospice, beginning March 31, 2019 or, if rules are promulgated under section 16204e before March 31, 2019, on the date on which rules are promulgated under section 16204e, a licensed prescriber shall not prescribe a controlled substance listed in schedules 2 to 5 unless the prescriber is in a bona fide prescriber-patient relationship with the patient for whom the controlled substance is being prescribed. Except as otherwise provided in this subsection, if a licensed prescriber prescribes a controlled substance under this subsection, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition. If the licensed prescriber is unable to provide follow-up care, he or she the licensed prescriber shall refer the patient to the patient's primary care provider for follow-up care or, if the patient does not have a primary care provider, he or she the licensed prescriber shall refer the patient to another licensed prescriber who is geographically accessible to the patient for follow-up care.
- (3) Before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall ask the patient about other controlled substances the patient may be using. The prescriber shall record the patient's response in the patient's medical or clinical record.

- (4) Beginning June 1, 2018, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a report concerning that patient from the electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances established under section 7333a. This subsection does not apply under any of the following circumstances:
- (a) If the dispensing occurs in a hospital or freestanding surgical outpatient facility licensed under article 17 and the controlled substance is administered to the patient in that hospital or facility.
- (b) If the patient is an animal as that term is defined in section 18802, the dispensing occurs in a veterinary hospital or clinic and the controlled substance is administered to the patient in that hospital or clinic.
- (c) If the controlled substance is prescribed by a licensed prescriber who is a veterinarian and the controlled substance will be dispensed by a pharmacist.
- (d) If the patient is under the care of a hospice and the report described in this subsection was obtained and reviewed at the time the patient was admitted to the hospice.
- (5) Beginning June 1, 2018, before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall register with the electronic system for monitoring schedule 2, 3, 4, and 5 controlled substances established under section 7333a.
- (6) A licensed prescriber who dispenses controlled substances shall maintain all of the following records separately from other prescription records:
 - (a) All invoices and other acquisition records for each

controlled substance acquired by the prescriber for not less than 5 years after the date the prescriber acquires the controlled substance.

- (b) A log of all controlled substances dispensed by the prescriber for not less than 5 years after the date the controlled substance is dispensed.
- (c) Records of all other dispositions of controlled substances under the licensee's control for not less than 5 years after the date of the disposition.
- (7) The requirement under section 7303 for a license is waived in the following circumstances:
- (a) When a controlled substance listed in schedules 2 to 5 is administered on the order of a licensed prescriber by an individual who is licensed under article 15 as a practical nurse, or a registered professional nurse, or a certified anesthesiologist assistant.
- (b) When methadone or a methadone congener is dispensed on the order of a licensed prescriber in a methadone treatment program licensed under article 6 or when a controlled substance listed in schedules 2 to 5 is dispensed on the order of a licensed prescriber in a hospice rendering emergency care services in a patient's home as described in section 17746 by a registered professional nurse licensed under article 15.
- Sec. 16325. Fees for a person an individual licensed or seeking licensure to engage in the practice of medicine under part 170 are as follows:
- 27 (a) Application processing fee.....\$ 50.00
- 28 (b) License fee, per year..... 90.00

1	(d) Limited license fee, per year 30.00
2	Sec. 16325a. Fees for an individual licensed or seeking
3	licensure to engage in practice as a certified anesthesiologist
4	assistant under part 170 or part 175 are as follows:
5	(a) Application processing fee\$ 75.00
6	(b) License fee, per year
7	(c) Educational limited license
8	Sec. 16331. Fees for a person an individual licensed or
9	seeking licensure to engage in the practice of osteopathic medicine
10	and surgery under part 175 are as follows:
11	(a) Application processing fee \$ 50.00
12	(b) License fee, per year 90.00
13	(c) Temporary license fee
14	(d) Limited license fee, per year
15	Sec. 17001. (1) As used in this part:
16	(a) "Academic institution" means either of the following:
17	$\left(i ight)$ A medical school approved by the board.
18	(ii) A hospital licensed under article 17 that meets all of the
19	following requirements:
20	(A) Was the sole sponsor or a co-sponsor, if each other co-
21	sponsor is either a medical school approved by the board or a
22	hospital owned by the federal government and directly operated by
23	the United States Department of Veterans Affairs, of not less than
24	4 postgraduate education residency programs approved by the board
25	under section 17031(1) for not less than the 3 years immediately
26	preceding the date of an application for a limited license under
27	section 16182(2)(c) or an application for a full license under
28	section 17031(2), if at least 1 of the residency programs is in the
29	specialty area of medical practice, or in a specialty area that

includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.

- (B) Has spent not less than \$2,000,000.00 for medical education during each of the 3 years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this sub-subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.
- (b) "Anesthesiologist" means a physician who has successfully completed a training program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or an equivalent organization as determined by the board.
- (c) "Certified anesthesiologist assistant" means an individual who is licensed under this article to engage in practice as a certified anesthesiologist assistant.
- (d) (b) "Electrodiagnostic studies" means the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It does not include the use of surface electromyography.
- (e) (c)—"Genetic counselor" means an individual who is licensed under this part—article to engage in the practice of genetic counseling.
- (f) (d)—"Medical care services" means those services within the scope of practice of physicians who are licensed or authorized by the board, except those services that the board prohibits or

otherwise restricts within a practice agreement or determines shall not be delegated by a physician because a delegation would endanger the health and safety of patients as provided for in section 17048(1).

- (g) (e)—"Participating physician" means a physician, a physician designated by a group of physicians under section 17049 to represent that group, or a physician designated by a health facility or agency under section 20174 to represent that health facility or agency.
- 10 (h) (f) "Physician" means an individual who is licensed or
 11 authorized under this article to engage in the practice of
 12 medicine.
 - (i) (g) "Podiatrist" means an individual who is licensed under this article to engage in the practice of podiatric medicine and surgery.
- 16 (j) (h)—"Practice agreement" means an agreement described in section 17047.
 - (k) "Practice as a certified anesthesiologist assistant" means providing assistance to an anesthesiologist engaged in the practice of anesthesiology by performing any of the functions described in section 17034a under the supervision of the anesthesiologist.
 - (l) "Practice as a physician's assistant" means the practice of medicine with a participating physician under a practice agreement.
 - (m) "Practice of anesthesiology" means engaging in the practice of medicine as an anesthesiologist.
- 26 (n) (i) "Practice of genetic counseling" means provision of
 27 any of the following services:
- 28 (i) Obtaining and evaluating individual, family, and medical histories to determine the genetic risk for genetic or medical

conditions or diseases in a client, the client's descendants, or other family members of the client.

- (ii) Discussing with a client the features, natural history, means of diagnosis, genetic and environmental factors, and management of the genetic risks of genetic or medical conditions or diseases.
- (iii) Identifying and coordinating appropriate genetic laboratory tests and other diagnostic studies for genetic assessment of a client.
- (iv) Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate a client's risk factors for genetic or medical conditions or diseases.
- (v) Explaining to a client the clinical implications of genetic laboratory tests and other diagnostic studies and their results.
- 17 (vi) Evaluating the responses of a client and the client's
 18 family to a genetic or medical condition or disease or to the risk
 19 of recurrence of that condition or disease and providing client20 centered counseling and anticipatory guidance.
 - (vii) Identifying and utilizing community resources that provide medical, educational, financial, and psychosocial support and advocacy to a client.
 - (viii) Providing written documentation of medical, genetic, and counseling information for families of and health care professionals of a client.
 - (o) (j) "Practice of medicine" means the diagnosis, treatment, prevention, cure, or relieving of a human disease, ailment, defect, complaint, or other physical or mental condition, by attendance,

advice, device, diagnostic test, or other means, or offering, undertaking, attempting to do, or holding oneself out as able to do, any of these acts.

- (k) "Practice as a physician's assistant" means the practice of medicine with a participating physician under a practice agreement.
- (p) (l)—"Qualified supervisor" means an individual who is a genetic counselor and who holds a license under this part other than a temporary or limited license.
- (q) "Supervision" means that term as defined in section 16109, except that for subdivision (k) and sections 17034a to 17034b it also includes the existence of a predetermined plan for emergency situations, including, but not limited to, the designation of an anesthesiologist to supervise a certified anesthesiologist assistant in the absence of the primary supervising anesthesiologist.
- 17 (r) (m)—"Task force" means the joint task force created in section 17025.
 - (s) (n) "Temporary licensed genetic counselor" means a genetic counselor who has been issued a temporary license under this article.
 - (2) In addition to the definitions in this part, article 1 contains definitions and principles of construction applicable to all articles in this code and part 161 contains definitions applicable to this part.
 - Sec. 17011. (1) An individual shall not engage in the practice of medicine or practice as a physician's assistant unless licensed or otherwise authorized by this article. An individual shall not engage in teaching or research that requires the practice of

 medicine unless the individual is licensed or otherwise authorized by this article.

- (2) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license to an individual who meets the requirements of section 16186 or 17031(2) after reviewing the applicant's record of practice, experience, and credentials and determining that the applicant is competent to practice medicine.
- (3) For individuals applying for licensure under section 16186, the board shall not impose requirements on graduates of medical schools located outside the United States or Canada that exceed the requirements imposed on graduates of medical schools located in the United States or Canada.
- (4) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license in accordance with section 16186 after determining that each of the following conditions is satisfied:
- (a) The applicant has disclosed that a sanction is in force against him or her the applicant as described in section 16174(2)(b) and considering the reasons for the sanction and the applicant's record of practice, experience, credentials, and competence to engage in the practice of medicine, that sanction should not prevent the applicant from being granted a license in this state.
 - (b) The sanction imposed by the other state is not permanent.
- (c) The sanction imposed by the other state was not the result of a patient safety violation.
- (d) If the applicant was required by the state that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of his or her

- the applicant's licensure, the applicant did not complete the probationary period or treatment plan because the applicant ceased engaging in the practice of medicine in that state.
- (e) As a condition of licensure under this subsection, the applicant voluntarily agrees to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state that imposed the sanction.
- (5) Except as otherwise provided in this subsection (6), the following words, titles, or letters or a combination thereof, of the words, titles, or letters, with or without qualifying words or phrases, are restricted in use only to those individuals authorized under this part to use the terms and in a way prescribed in this part: "doctor of medicine",
- 14 (a) "Doctor of medicine", "m.d.", "physician's assistant", and
 15 "p.a.".
 - (b) Beginning August 1, 2024, "certified anesthesiologist assistant" and "c.a.a.".
 - (6) Notwithstanding section 16261, an individual who was specially trained at an institution of higher education in this state to assist a physician in the field of orthopedics and, upon completion of training, received a 2-year associate of science degree as an orthopedic physician's assistant before January 1, 1977 may use the title "orthopedic physician's assistant" whether or not the individual is licensed under this part.
 - Sec. 17034. (1) Beginning 90 days after the effective date of the rules promulgated by the board under section 17034a, an individual shall not engage in practice as a certified anesthesiologist assistant unless the individual is licensed or otherwise authorized under this article.

- (2) The board may grant an educational limited license under section 16182(2)(a) to an individual who provides satisfactory evidence to the board that the individual meets all of the requirements for licensure except the certifying examination. An educational limited license issued under this section is valid until the expiration of a period determined by the board that does not exceed 1 year or until the results of the required certifying examination are made available, whichever is earlier.
- (3) The board may grant a license as a certified anesthesiologist assistant to an individual who provides satisfactory evidence to the board that the individual has successfully completed all of the following:
 - (a) A graduate level training program approved by the board.
- (b) A certifying examination for certified anesthesiologist assistants that is accredited by the Commission on Accreditation of Allied Health Education Programs or a predecessor or successor organization of the Commission on Accreditation of Allied Health Education Programs.
- (c) A course in advanced cardiac life-support techniques approved by the board.
- Sec. 17034a. (1) The board, in consultation with the department, shall promulgate rules to do all of the following:
- (a) Limit the duties and activities described in subsection(2) that may be performed by certified anesthesiologist assistants.
- (b) Subject to section 16204, prescribe continuing education requirements as a condition for the renewal of a certified anesthesiologist assistant license.
- 28 (2) A certified anesthesiologist assistant shall not engage in 29 the practice as a certified anesthesiologist assistant unless the

- certified anesthesiologist assistant is under the supervision of an anesthesiologist. A certified anesthesiologist assistant may perform any of the following functions under the supervision of an anesthesiologist with whom the certified anesthesiologist assistant is assisting in the practice of anesthesiology:
 - (a) Obtaining a comprehensive patient history and presenting the history to the supervising anesthesiologist.
 - (b) Developing and implementing an anesthesia care plan for a patient.
 - (c) Ordering and performing a preoperative anesthetic patient evaluation and a postoperative anesthetic patient evaluation.
 - (d) Discussing and educating a patient about the patient's anesthesia care plan.
 - (e) Pretesting and calibrating an anesthesia delivery system and monitoring, obtaining, and interpreting information from the anesthesia delivery system and monitoring equipment.
 - (f) Performing a monitoring technique.

- (g) Establishing airway management by performing ventilatory support and through the intubation of the trachea, the placement of a laryngeal mask airway, and the placement of other ancillary support, including, but not limited to, an oral and nasopharyngeal airway, and a bag valve mask.
- (h) Administering and adjusting a vasoactive drug to a patient and monitoring the response of the patient.
- (i) Administering an anesthetic drug, adjuvant drug, and accessory drug to a patient and monitoring the response of the patient.
- 28 (j) Performing monitored anesthesia care, deep sedation, and 29 general anesthesia.

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- (k) Performing regional anesthesia, including, but not limited to, an epidural anesthetic procedure, a spinal anesthetic procedure, and a peripheral nerve block.
 - (1) Administering blood, blood products, and supportive fluids.
 - (m) Performing anesthesia-related health care, including, but not limited to, induction, maintenance, and emergence of anesthesia and addressing fluid and electrolyte balance.
 - (n) Participating in a function needed in the postanesthesia recovery area, including, but not limited to, administering postoperative sedation, anxiolysis, or analgesia medication to treat a patient's response to anesthesia.
 - (o) Performing a peripheral or central venous and arterial line procedure for blood sampling, monitoring, or access.
 - (p) Initiating and participating in a cardiopulmonary resuscitation team in response to a life-threatening situation.
- 16 (q) Relieving a member of an anesthesia care team that is
 17 engaged in a patient care if the member is acting under the
 18 supervision of an anesthesiologist.
- 19 Sec. 17034b. (1) An anesthesiologist who supervises a 20 certified anesthesiologist assistant shall comply with all of the 21 following:
 - (a) The anesthesiologist shall, at all times, be in the physical proximity of the certified anesthesiologist assistant in a manner that allows the anesthesiologist to return and reestablish direct contact with the patient to meet the patient's medical needs and address any of the patient's urgent or emergent clinical problems.
- 28 (b) The anesthesiologist shall ensure that all activities, 29 functions, services, and treatment measures performed by a

certified anesthesiologist assistant are properly documented by the certified anesthesiologist assistant.

- (c) The anesthesiologist shall not supervise more than 4 certified anesthesiologist assistants concurrently.
- (2) Subject to section 16215, an anesthesiologist who supervises a certified anesthesiologist assistant may delegate the performance of any of the following acts, tasks, and functions to the certified anesthesiologist assistant:
- (a) The entry of verbal or written medication chart orders prescribed by the anesthesiologist into a patient's medical record.
- (b) Performing, ordering, and interpreting preoperative, point-of-care intraoperative, or postoperative diagnostic testing or procedures.

Sec. 17501. (1) As used in this part:

- (a) "Anesthesiologist" means a physician who has successfully completed a training program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or an equivalent organization as determined by the board.
- (b) "Certified anesthesiologist assistant" means an individual who is licensed under this article to engage in practice as a certified anesthesiologist assistant.
- (c) (a)—"Electrodiagnostic studies" means the testing of neuromuscular functions utilizing nerve conduction tests and needle electromyography. It does not include the use of surface electromyography.
- (d) (b)—"Medical care services" means those services within the scope of practice of physicians who are licensed or authorized by the board, except those services that the board prohibits or

- otherwise restricts within a practice agreement or determines shall not be delegated by a physician without endangering because a delegation would endanger the health and safety of patients as provided for in section 17548(1).
- (e) (c)—"Participating physician" means a physician, a physician designated by a group of physicians under section 17549 to represent that group, or a physician designated by a health facility or agency under section 20174 to represent that health facility or agency.
- (f) (d)—"Physician" means an individual who is licensed or authorized under this article to engage in the practice of osteopathic medicine and surgery.
- (g) (e)—"Practice agreement" means an agreement described in section 17547.
- (h) "Practice as a certified anesthesiologist assistant" means providing assistance to an anesthesiologist engaged in the practice of anesthesiology by performing any of the functions described in section 17534a under the supervision of the anesthesiologist.
- (i) "Practice as a physician's assistant" means the practice of osteopathic medicine and surgery with a participating physician under a practice agreement.
- (j) "Practice of anesthesiology" means engaging in the practice of osteopathic medicine and surgery as an anesthesiologist.
- (k) (f)—"Practice of osteopathic medicine and surgery" means a separate, complete, and independent school of medicine and surgery utilizing full methods of diagnosis and treatment in physical and mental health and disease, including the prescription and administration of drugs and biologicals, operative surgery,

obstetrics, radiological and other electromagnetic emissions, and placing special emphasis on the interrelationship of the musculoskeletal system to other body systems.

- (g) "Practice as a physician's assistant" means the practice of osteopathic medicine and surgery with a participating physician under a practice agreement.
- (*l*) "Supervision" means that term as defined in section 16109, except that for subdivision (h) and sections 17534a to 17534b it also includes the existence of a predetermined plan for emergency situations, including, but not limited to, the designation of an anesthesiologist to supervise a certified anesthesiologist assistant in the absence of the primary supervising anesthesiologist.
- (m) (h) "Task force" means the joint task force created in section 17025.
 - (2) In addition to the definitions in this part, article 1 contains general definitions and principles of construction applicable to all articles in the code and part 161 contains definitions applicable to this part.
 - Sec. 17511. (1) A person shall not engage in the practice of osteopathic medicine and surgery or practice as a physician's assistant unless licensed or otherwise authorized by this article.
 - (2) Notwithstanding section 16145 or rules promulgated under that section, the board may grant a license in accordance with section 16186 after determining that each of the following conditions is satisfied:
- 27 (a) The applicant has disclosed that a sanction is in force
 28 against him or her the applicant as described in section
 29 16174(2)(b) and considering the reasons for the sanction and the

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- applicant's record of practice, experience, credentials, and competence to engage in the practice of osteopathic medicine and surgery, that sanction should not prevent the applicant from being granted a license in this state.
 - (b) The sanction imposed by the other state is not permanent.
 - (c) The sanction imposed by the other state was not the result of a patient safety violation.
 - (d) If the applicant was required by the state that imposed the sanction to participate in and complete a probationary period or treatment plan as a condition of the continuation of his or her the applicant's licensure, the applicant did not complete the probationary period or treatment plan because the applicant ceased engaging in the practice of osteopathic medicine and surgery in that state.
 - (e) As a condition of licensure under this subsection, the applicant voluntarily agrees to complete a probationary period or treatment plan, the terms of which are no less stringent than those imposed by the state that imposed the sanction.
 - (3) Except as otherwise provided in this subsection (4), the following words, titles, or letters or a combination thereof, of the words, titles, or letters, with or without qualifying words or phrases, are restricted in use only to those persons authorized under this part to use the terms and in a way prescribed in this part: "osteopath",
- (a) "Osteopath", "osteopathy", "osteopathic practitioner", "doctor of osteopathy", "diplomate in osteopathy", "d.o.", "physician's assistant", and "p.a.".
- (b) Beginning August 1, 2024, "certified anesthesiologist 29 assistant" and "c.a.a.".

- (4) Notwithstanding section 16261, a person who was specially trained at an institution of higher education in this state to assist a physician in the field of orthopedics and, upon completion of training, received a 2-year associate of science degree as an orthopedic physician's assistant before January 1, 1977 may use the title "orthopedic physician's assistant" whether or not the individual is licensed under this part.
- Sec. 17534. (1) Beginning 90 days after the effective date of the rules promulgated by the board under section 17534a, an individual shall not engage in practice as a certified anesthesiologist assistant unless the individual is licensed or otherwise authorized under this article.
- (2) The board may grant an educational limited license under section 16182(2)(a) to an individual who provides satisfactory evidence to the board that the individual meets all of the requirements for licensure except the certifying examination. An educational limited license issued under this section is valid until the expiration of a period determined by the board that does not exceed 1 year or until the results of the required certifying examination are made available, whichever is earlier.
- (3) The board may grant a license as a certified anesthesiologist assistant to an individual who provides satisfactory evidence to the board that the individual has successfully completed all of the following:
 - (a) A graduate level training program approved by the board.
- (b) A certifying examination for certified anesthesiologist assistants that is accredited by the Commission on Accreditation of Allied Health Education Programs or a predecessor or successor organization of the Commission on Accreditation of Allied Health

Education Programs.

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- (c) A course in advanced cardiac life-support techniques 3 approved by the board.
 - Sec. 17534a. (1) The board, in consultation with the department, shall promulgate rules to do all of the following:
 - (a) Limit the duties and activities described in subsection (2) that may be performed by certified anesthesiologist assistants.
 - (b) Subject to section 16204, prescribe continuing education requirements as a condition for the renewal of a certified anesthesiologist assistant license.
 - (2) A certified anesthesiologist assistant shall not engage in the practice as a certified anesthesiologist assistant unless the certified anesthesiologist assistant is under the supervision of an anesthesiologist. A certified anesthesiologist assistant may perform any of the following functions under the supervision of an anesthesiologist with whom the certified anesthesiologist assistant is assisting in the practice of anesthesiology:
- 18 (a) Obtaining a comprehensive patient history and presenting 19 the history to the supervising anesthesiologist.
 - (b) Developing and implementing an anesthesia care plan for a patient.
 - (c) Ordering and performing a preoperative anesthetic patient evaluation and a postoperative anesthetic patient evaluation.
 - (d) Discussing and educating a patient about the patient's anesthesia care plan.
- 26 (e) Pretesting and calibrating an anesthesia delivery system 27 and monitoring, obtaining, and interpreting information from the 28 anesthesia delivery system and monitoring equipment.
 - (f) Performing a monitoring technique.

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- (g) Establishing airway management by performing ventilatory support and through the intubation of the trachea, the placement of a laryngeal mask airway, and the placement of other ancillary support, including, but not limited to, an oral and nasopharyngeal airway, and a bag valve mask.
- (h) Administering and adjusting a vasoactive drug to a patient and monitoring the response of the patient.
- (i) Administering an anesthetic drug, adjuvant drug, and accessory drug to a patient and monitoring the response of the patient.
- (j) Performing monitored anesthesia care, deep sedation, and general anesthesia.
- (k) Performing regional anesthesia, including, but not limited to, an epidural anesthetic procedure, a spinal anesthetic procedure, and a peripheral nerve block.
 - (1) Administering blood, blood products, and supportive fluids.
- (m) Performing anesthesia-related health care, including, but not limited to, induction, maintenance, and emergence of anesthesia and addressing fluid and electrolyte balance.
 - (n) Participating in a function needed in the postanesthesia recovery area, including, but not limited to, administering postoperative sedation, anxiolysis, or analgesia medication to treat a patient's response to anesthesia.
- (o) Performing a peripheral or central venous and arterial line procedure for blood sampling, monitoring, or access.
- (p) Initiating and participating in a cardiopulmonary resuscitation team in response to a life-threatening situation.
- 28 (q) Relieving a member of an anesthesia care team that is 29 engaged in a patient care if the member is acting under the

1 supervision of an anesthesiologist.

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Sec. 17534b. (1) An anesthesiologist who supervises a certified anesthesiologist assistant shall comply with all of the 3 following:

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- (a) The anesthesiologist shall, at all times, be in the physical proximity of the certified anesthesiologist assistant in a manner that allows the anesthesiologist to return and reestablish direct contact with the patient to meet the patient's medical needs and address any of the patient's urgent or emergent clinical problems.
- (b) The anesthesiologist shall ensure that all activities, functions, services, and treatment measures performed by a certified anesthesiologist assistant are properly documented by the certified anesthesiologist assistant.
- (c) The anesthesiologist shall not supervise more than 4 certified anesthesiologist assistants concurrently.
 - (2) Subject to section 16215, an anesthesiologist who supervises a certified anesthesiologist assistant may delegate the performance of any of the following acts, tasks, and functions to the certified anesthesiologist assistant:
 - (a) The entry of verbal or written medication chart orders prescribed by the anesthesiologist into a patient's medical record.
- (b) Performing, ordering, and interpreting preoperative, point-of-care intraoperative, or postoperative diagnostic testing.
- 25 Enacting section 1. This amendatory act takes effect 90 days after the date it is enacted into law. 26