

## DEPARTMENT OF REGULATORY AGENCIES

### Colorado Medical Board

#### RULE 510 - RULES AND REGULATIONS FOR LICENSURE OF AND PRACTICE BY ANESTHESIOLOGIST ASSISTANTS

##### 3 CCR 713-40

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 40.1 INTRODUCTION

- A. Basis: The authority for promulgation of Rule 510 ("these Rules") by the Colorado Medical Board ("Board") is set forth in sections 24-4-103, 12-20-204(1), 12-240-106(1)(a), and 12-240-112, C.R.S.
- B. Purpose: The purpose of these rules and regulations is to implement the requirements of sections 12-240-107(7) and 12-240-112, C.R.S.

#### 40.2 RULES AND REGULATIONS

##### A. QUALIFICATIONS FOR LICENSURE APPLICATION

To apply for a license, an applicant must meet the requirements for licensure as outlined in section 12-240-112(1), C.R.S.

##### B. EXTENT AND MANNER IN WHICH AN ANESTHESIOLOGIST ASSISTANT MAY PERFORM DELEGATED TASKS CONSTITUTING THE PRACTICE OF MEDICINE UNDER PERSONAL AND RESPONSIBLE DIRECTION AND SUPERVISION

- 1. Responsibilities of the Anesthesiologist Assistant
  - a. Compliance with these Rules
    - (1) An anesthesiologist assistant and the anesthesiologist assistant's supervising physician are responsible for implementing and complying with statutory requirements and the provisions of these Rules.
  - b. License
    - (1) An anesthesiologist assistant shall ensure that his or her license to practice as an anesthesiologist assistant is active and current prior to performing any acts requiring a license.
  - c. Registration
    - (1) An anesthesiologist assistant shall ensure that a form in compliance with Section (D) of these Rules is on record with the Board.

d. Nameplate

- (1) In addition to the requirements regarding patient disclosure in the Statute, and while performing acts defined as the practice of medicine, an anesthesiologist assistant shall wear a nameplate or photo identification badge with the non-abbreviated title "Anesthesiologist Assistant" clearly visible.

e. Chart Note

- (1) An anesthesiologist assistant shall make a chart note for every patient for whom the anesthesiologist assistant performs any act defined as the practice of medicine in section 12-240-107(1), C.R.S.
- (2) The chart note at a minimum must include documentation that clearly indicates the times that the anesthesiologist assistant was responsible for the care of a patient (i.e. start of service, end of service, on/off breaks, assuming care to cover a scheduled break, etc.).
- (3) The Anesthesiologist Assistant shall document in the chart note the name of the supervising Anesthesiologist and the date of the anesthesia service.

f. Documentation

- (1) An anesthesiologist assistant shall keep such documentation as necessary to assist the supervising physician in performing an adequate performance assessment as set forth below in Section (B)(3)(d) of these Rules.

2. Physician Supervisors and Scope and Authority to Delegate

a. Four Anesthesiologist Assistant Limit

- (1) No physician shall concurrently supervise more than four specific, individual anesthesiologist assistants at any one time.
- (2) The names of the supervising physician and the anesthesiologist assistant shall appear within the anesthesia or other medical records for each patient when care is provided by the anesthesiologist assistant.
- (3) To help ensure compliance with the four anesthesiologist assistant rule, anesthesia records must be maintained in such a way as to clearly show the beginning and end of each anesthesiologist assistant involvement in an anesthetic service.

b. Physician Supervisor

- (1) A physician licensed to practice medicine by the Board and who practices as an anesthesiologist may delegate to an anesthesiologist assistant licensed by the Board the ability to perform acts that constitute the practice of medicine, however, the authority for those acts remains with the supervising physician.

- (2) The physician whose name appears on the form in compliance with Section (D) of these Rules shall be deemed the “physician supervisor”.
- (3) The supervisory relationship shall be deemed to be effective for all time periods in which a form in compliance with Section (D) of these Rules is on file.
- (4) An incorporated group practice may meet the requirements of this Section by submitting to the Board a listing of all its employed anesthesiologist assistants and all of its employed physicians who may act as supervising physicians.
- (5) During an anesthesia service where a transfer of authority may take place, the transfer from one physician supervisor to another must be clearly indicated in the anesthesia or other medical record.

c. Delegation of Medical Services

- (1) Delegated services must be consistent with the delegating physician’s education, training, experience and active practice. Delegated services must be of the type that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate.
- (2) A physician may only delegate services that the physician is qualified and insured to perform and services that the physician has not been legally restricted from performing.
- (3) Any services rendered by the anesthesiologist assistant will be held to the same standard that is applied to the delegating physician, as defined in section 12-240-107(7), C.R.S.

3. Responsibilities of and Supervision by the Physician Supervisor

a. Compliance with these Rules

- (1) Both the supervising physician and the anesthesiologist assistant are responsible for implementing and complying with the statutory requirements and the provisions of these Rules.

b. Liability for Actions of an Anesthesiologist Assistant

- (1) A physician supervisor may supervise and delegate tasks to an anesthesiologist assistant in a manner consistent with the requirements of these Rules.
- (2) The physician supervisor may be deemed to have violated these Rules if a supervised anesthesiologist assistant commits unprofessional conduct as defined in section 12-240-121(1)(j), C.R.S., or if such anesthesiologist assistant otherwise violates these Rules.

c. Evaluation

- (1) Prior to engaging the services of an anesthesiologist assistant, the hospital, facility, ambulatory surgery center, or office must ascertain that a mechanism exists for obtaining an annual performance review that contains, at a minimum, the requirements outlined in Section (B)(3)(d) of this Rule.
- (2) The performance assessment must be performed by a physician licensed to practice medicine in this State who practices as an anesthesiologist. Whenever possible the evaluation and performance assessment should be conducted by the physician with the most knowledge of the anesthesiologist assistant's performance throughout the year.
- (3) Performance evaluation information may be gathered through direct observation, review of available information, including a review of reports which evidence performance, or a combination of both.
- (4) Facilities required by local, state or federal statute and regulations to have reviews performed by a director of anesthesia services are deemed to have satisfied the evaluation requirements.

d. Performance Assessment

- (1) An anesthesiologist assistant shall have a periodic performance assessment as required by these Rules to assist in evaluating and maintaining the quality of care provided by an anesthesiologist assistant that include, at a minimum:
  - (a) An assessment of the medical competency of the anesthesiologist assistant;
  - (b) A review of selected charts;
  - (c) An assessment of the ability of the anesthesiologist assistant to take a medical history from, and perform an examination of, patients representative of those cared for by the anesthesiologist assistant; and,
  - (d) Maintenance by the facility or employer of accurate records and documentation of the performance assessments for each anesthesiologist assistant supervised.
- (2) The Board may audit an anesthesiologist assistant's performance assessment records.

e. Availability of the physician supervisor.

The supervising physician must provide adequate means for communication with the anesthesiologist assistant and remain immediately available throughout the anesthesia service.

- (1) The Board considers a supervising physician to be immediately available if s/he is in physical proximity that allows the physician to return to re-establish direct contact with the patient in order to meet medical needs and address any urgent or emergent clinical problems.
- (2) These responsibilities may also be met through the coordination among physicians of the same incorporated group practice.

**C. ADMINISTRATION OF DRUGS AND CONTROLLED SUBSTANCES**

1. An anesthesiologist assistant may not independently write or issue a prescription order for any drug or controlled substance.
  - a. An anesthesiologist assistant may communicate an order from the supervising physician to another licensed practitioner.
  - b. Such communication may be verbal, written or electronic.
2. Once a physician order is entered into the medical record by an anesthesiologist assistant; the supervising physician must review and, if required by the facility or institutional policy, cosign those orders in a timely manner.
3. An anesthesiologist assistant may administer drugs and controlled substances under the supervision of a physician provided that:
  - a. Each administration is entered in the patient's anesthesia or other medical record.
  - b. Nothing in this Section (C) of these Rules shall prohibit a physician supervisor from restricting the ability of a supervised anesthesiologist assistant to administer drugs or controlled substances.
  - c. An anesthesiologist assistant may not issue or communicate an order for any drug or controlled substance outside of the hospital, facility, ambulatory surgery center, or office setting reported pursuant to Section (D) of these Rules.
  - d. Anesthesiologist assistants shall not write or issue prescriptions or perform any services that the supervising physician for that particular patient is not qualified or authorized to prescribe or perform.

**D. REPORTING REQUIREMENTS**

1. The application for licensure shall include a requirement that anesthesiologist assistants provide the Board with a list of hospitals, facilities, ambulatory surgery centers, and physician offices where they intend to practice medicine under the supervision of a physician.
2. The reporting must be provided in a form established by the Board and completed in conformance with these Rules.

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**Editor's Notes**

**History**

Entire rule eff. 04/30/2013.

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