Rules of
Department of Commerce and
Insurance
Division 2150—State Board of Registration for
the Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants

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Chapter 9—Licensing of Anesthesiologist Assistants

Title 20—DEPARTMENT OF COMMERCE AND INSURANCE
Division 2150—State Board of Registration for the Healing Arts
Chapter 9—Licensing of Anesthesiologist Assistants

20 CSR 2150-9.010 Definitions

PURPOSE: This rule advises the public of the definitions which the board has adopted for certain terms which are used in Chapter 334, RSMo.

(1) The term “extenuating circumstances” as used in section 334.416.4, RSMo shall be defined as:
   (A) Death in the immediate family;
   (B) Illness documented by physician’s statement;
   (C) Accident causing bodily injury;
   (D) Other exceptional causes as determined by the board.

(2) Failure to receive a renewal notice is not an extenuating circumstance.


20 CSR 2150-9.020 Effective Date of Licensure

PURPOSE: This rule provides the time period for anesthesiologist assistants currently practicing in the state of Missouri to become licensed pursuant to sections 334.402 through 334.430, RSMo.

(1) Any anesthesiologist assistant practicing in the state of Missouri on the effective date of this rule shall obtain a license pursuant to this chapter within six (6) months of the effective date of this rule.

(2) Any currently practicing anesthesiologist assistant who does not obtain a license within six (6) months of the effective date of this rule shall cease practicing until such time as they obtain a certificate of licensure.


20 CSR 2150-9.040 Anesthesiologist Assistant Supervision Agreements

PURPOSE: This rule defines the terms used throughout this rule as applicable to anesthesiologist assistants, specifies the requirements for supervision agreements and practice of an anesthesiologist assistant pursuant to a supervision agreement.

(A) Anesthesiologist assistant supervision agreements shall mean written agreements, jointly agreed upon protocols, or standing orders between a supervising anesthesiologist and a licensed anesthesiologist assistant which provide for the delegation of health care services from a supervising anesthesiologist to a licensed anesthesiologist assistant and the review of such services; (B) Assistance shall mean participation by a supervising anesthesiologist in patient care; (C) Consultation shall mean the process of seeking a supervising anesthesiologist’s input and guidance regarding patient care including, but not limited to, the methods specified in the anesthesiologist assistant supervision agreement; (D) Intervention shall mean the direct management of a patient’s care by a supervising anesthesiologist; and (E) Supervising anesthesiologist shall mean a physician so designated in the anesthesiologist assistant supervision agreement who:

1. Has completed an anesthesiology residency approved by the American Board of Anesthesiology or the American Osteopathic Association;
2. Holds a permanent license to practice medicine in the state of Missouri; and
3. Is actively engaged in the practice of medicine, except that this shall not include physicians who hold a limited license pursuant to section 334.112, RSMo, or a temporary license pursuant to section 334.045 or 334.046, RSMo, or physicians who have retired from the practice of medicine.

(2) No anesthesiologist assistant shall practice pursuant to the provisions of sections 334.400 through 334.430, RSMo or to the provisions of this rule unless licensed and pursuant to a written anesthesiologist assistant supervision agreement.

(3) A licensed anesthesiologist assistant practicing pursuant to an anesthesiologist assistant supervision agreement shall work in the same facility as the supervising anesthesiologist.

(4) A supervising anesthesiologist as designated in the anesthesiologist assistant supervision agreement shall at all times be immediately available to the licensed anesthesiologist assistant for consultation, assistance, and intervention within the same facility. No anesthesiologist assistant shall practice without an anesthesiologist’s supervision or in any location where a supervising anesthesiologist is not immediately available for consultation, assistance and intervention, except as otherwise defined by law.

(5) Upon entering into an anesthesiologist assistant supervision agreement, the supervising anesthesiologist shall be familiar with the level of skill, training and the competence of the licensed anesthesiologist assistant whom the anesthesiologist will be supervising. The provisions contained in the anesthesiologist assistant supervision agreement shall be within the scope of practice of the licensed anesthesiologist assistant and consistent with the licensed anesthesiologist assistant’s skill, training and competence.

(6) The delegated health care services provided for in the anesthesiologist assistant supervision agreement shall be consistent with the scopes of practice of both the supervising anesthesiologist and licensed anesthesiologist assistant including, but not limited to, any restrictions placed upon the supervising anesthesiologist’s practice or license.

(7) The anesthesiologist assistant supervision agreement between a supervising anesthesiologist and a licensed anesthesiologist assistant shall—

(A) Include the method and frequency of review of the licensed anesthesiologist assistant’s practice activities;
(B) Be reviewed at least annually and revised as the supervising anesthesiologist deems necessary;
(C) Be maintained by the supervising anesthesiologist and licensed anesthesiologist assistant for a minimum of eight (8) years after the termination of the agreement;
(D) Be signed and dated by the supervising anesthesiologist and licensed anesthesiologist assistant prior to its implementation; (E) Contain the mechanisms for evaluation of serious or significant adverse outcomes to a patient or patients, and/or deviations from standard of care, as established by the practice or community based standards; and (F) Anesthesiologist assistant supervision agreements must be consistent with the statutory requirements of section 334.424.2, RSMo.

(8) The board may require any supervising anesthesiologist to appear before the board to answer questions regarding supervision agreements and/or annual reviews of an anesthesiologist assistant.


20 CSR 2150-9.050 Applicants for Temporary Licensure

PURPOSE: This rule provides the requirements to apply for anesthesiologist assistant temporary licensure.

(1) A temporary license may be issued to an applicant for licensure who meets the qualifications of section 334.404, RSMo and has made application on forms prepared by the board. The temporary license is valid until the results of the certifying examination are officially reported.

(2) No application will be considered unless fully and completely made out on the specified forms and properly attested pursuant to section 334.404, RSMo.

(3) Applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(4) The fee shall be sent in the form of a personal check, money order or cashier’s check drawn on a United States bank and/or firm payable to the State Board of Registration for the Healing Arts. No application will be processed until the licensure fee is received.

(5) All applicants shall attach to the application a recent photograph not larger than three and one-half inches by five inches (3 1/2” × 5”).

(6) All applicants are required to submit satisfactory evidence of completion of an anesthesiologist assistant program accredited by the Committee on Allied Health, Education and Accreditation of the American Medical Association, or its successor, or a letter from

Secretary of State
their program director stating that the applicant will graduate and the anticipated graduation date. Applicants shall submit a copy of their diploma within two (2) weeks of their graduation.

(7) All applicants are required to submit verification of licensure, registration or certification from every state or territory in which the applicant is or has ever been licensed, registered or certified to practice as an anesthesiologist assistant; and all other professional licenses, registrations, or certifications issued to the applicant regardless of whether or not such license, registration or certification is current. This verification must be submitted directly to the board from the licensing agency. If the licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(8) All applicants shall submit a complete curriculum vitae from high school graduation to the date of application submission or for the previous ten (10) years whichever is most recent. This document must include the names and addresses of all previous employers, supervisors and job titles, from the date of high school graduation to the date of licensure application.

(9) Each applicant shall provide to the board a copy of the National Commission for Certification of Anesthesiologist Assistants’ admission letter for the certification examination; such letter shall specify the date the applicant sat for the certification examination.

(10) Each applicant shall instruct the National Commission for Certification of Anesthesiologist Assistants to submit the applicant’s certification examination results directly to the board.

(11) If the applicant passes the examination, the temporary license shall remain valid until the examination results are received by the board pursuant to the provisions of section 334.414, RSMo or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of 20 CSR 2150-9.080 and section 334.101.1, RSMo.

(12) The temporary license shall be valid until the examination results are received by the board, not to exceed three (3) weeks following the mailing of the results by the National Commission for Certification of Anesthesiologist Assistants.

(13) Applicants who fail the certification examination, as determined by the National Commission for Certification of Anesthesiologist Assistants, are required to inform their employer, the same day they are notified of the results both verbally and in writing. A copy of this notification must be submitted to the board.

(14) When an applicant has filed his/her application and the appropriate fee for temporary licensure, and the applicant is denied by the board pursuant to the provisions of section 334.414, RSMo or is subsequently withdrawn by the applicant, the fee will be retained by the board pursuant to the provisions of 20 CSR 2150-9.080 and section 334.101.1, RSMo.

(15) The board may require the applicant for temporary licensure to make a personal appearance before the advisory commission and/or board before a final decision regarding licensure is rendered.

(16) An applicant may withdraw his/her application for temporary licensure any time prior to the board’s vote on his/her candidacy for licensure.


### 20 CSR 2150-9.070 Continuing Education

**PURPOSE:** This rule details the board’s minimum requirements for continuing education.

(1) Each licensee shall complete and report at least forty (40) hours of continuing education each renewal period. The board shall not issue a renewal of a licensee’s certificate of registration unless the licensee demonstrates active certification by the National Commission for Certification of Anesthesiologist Assistants and completion of forty (40) hours of continuing education accredited by the National Commission for Certification of Anesthesiologist Assistants or the American Academy of Anesthesiologist Assistants. The period for completion of the continuing education requirements shall be the twenty-four (24)-month period prior to the expiration of their license. A licensee who has failed to obtain and report, in a timely fashion, forty (40) hours of continuing education shall not engage in practice as an anesthesiologist assistant unless an extension is obtained pursuant to section (4) of this rule.

(2) Each licensee shall certify by attestation, under penalty of perjury, that s/he has completed the required hours of continuing education listed by him/her on the renewal form.

(3) Each licensee shall retain records documenting his/her attendance at and completion of the required hours of continuing education for a minimum of three (3) years after the reporting period in which the continuing education was completed. The records shall document the titles of the courses taken, dates, locations, course sponsors and number of hours earned. The board may conduct an audit of licensees to verify compliance with
the continuing education requirement. Licensees shall assist the board in its audit by providing timely and complete responses to the board’s inquiries.

(4) A licensee who cannot complete the required hours of continuing education because of personal illness, military service or other circumstances beyond the licensee’s control which the board deems to be sufficient to impose an insurmountable hardship may apply for an extension of time to complete the continuing education requirements. Any extension of time to complete the continuing education requirements will be granted solely in the discretion of the board. The licensee must make a written application for extension of time prior to the deadline for completion of the continuing education requirement. The application for extension shall be accompanied by a processing fee as required in 20 CSR 2150-9.080. The licensee shall provide full and complete written documentation of the grounds supporting the reasons for which an extension is sought.

(A) Pursuant to section 41.946, RSMo licensees in the military are exempt from obtaining continuing medical education if they are called to active duty under competent orders for at least a majority of the reporting period due to his/her military service commitment. At a minimum, the licensee must submit written documentation from the appropriate military authorities verifying the licensee’s military service commitment.

(B) Illness extensions may be granted only to a licensee who has suffered a personal illness or personal disability of a nature as to prevent him/her from engaging in the active practice for at least a majority of the reporting period. At a minimum, the licensee shall provide the board with written documentation from the licensee’s treating physician stating the nature of the illness or disability, the period of the illness or disability, any limitations on the licensee’s activities which resulted from the illness or disability. The licensee shall notify the board of the number of hours earned in the reporting year and a plan for completing the balance of the requirement.

(C) The board, solely in its discretion, may grant an extension based on unforeseeable circumstances beyond the licensee’s control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing education. At a minimum, the licensee must provide written documentation explaining specifically and in detail the nature of the circumstances, why the circumstances were unforeseeable and beyond the licensee’s control, the period during which the circumstances were in existence, the number of continuing education credits earned in the reporting period and the licensee’s plan for completing the balance of the requirements. The board, in its discretion, shall determine if the situation described in the licensee’s application constitutes unforeseeable circumstances beyond the licensee’s control which impose an insurmountable hardship precluding the licensee from obtaining the required continuing education.

(D) A licensee who is granted an extension of time shall complete the balance of his/her continuing education requirements no later than April 30 immediately following the end of the reporting period for which an extension was sought and shall provide the board with written documentation of his/her completion of the continuing education requirements no later than May 10 immediately following the end of the reporting period for which an extension was sought. Failure to complete the continuing education requirements by April 30 or to file the documentation with the board by May 10 shall constitute a violation of section 334.420, RSMo and this rule.

(E) An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding reporting period in which the licensee held an active license.

(5) For purposes of section 334.420, RSMo concerning waiver of the continuing education requirements for retired anesthesiologist assistants, a retired anesthesiologist assistant is one who has neither engaged in active practice as an anesthesiologist assistant nor held themselves out as an active practicing anesthesiologist assistant and, pursuant to section 334.410, RSMo, has executed and filed with the board a retirement affidavit. A retired anesthesiologist assistant may keep their wall-hanging certificate after execution of a retirement affidavit but shall surrender, upon retirement, all other indicia of licensure.


20 CSR 2150-9.080 Anesthesiologist Assistant Licensure Fees

PURPOSE: The State Board of Registration for the Healing Arts is statutorily obligated to enforce and administer the provisions of sections 334.002–334.749, RSMo. Pursuant to section 334.090, RSMo, the board shall by rule and regulation set the amount of fees authorized by sections 334.002–334.749, RSMo, so that the revenue produced is sufficient, but not excessive, to cover the cost and expense to the board for administering the provisions of sections 334.002–334.749, RSMo.

(1) The following fees are established by the State Board of Registration for the Healing Arts and are payable in the form of a personal check, cashier’s check, or money order:

(A) Anesthesiologist Assistant
   1. Licensure by Examination Fee $25
   2. Licensure by Reciprocity Fee $25
   3. Reinstatement Fee $25
   4. Temporary License Fee $25
   5. Renewal Fee $25

(B) General Fees
   1. Continuing Education Extension Fee $25
   2. Duplicate License Fee $0
   3. Late Renewal Fee (Delinquent Fee) $25
   4. Return Check Fee $25
   5. Verification of Licensure Fee $0

(2) All fees are nonrefundable.

(3) The provisions of this rule are declared severable. If any fee fixed by this rule is held invalid by a court of competent jurisdiction or by the Administrative Hearing Commission, the remaining provisions of this rule shall remain in full force and effect, unless otherwise determined by a court of competent jurisdiction or by the Administrative Hearing Commission.


20 CSR 2150-9.090 Late Registration

PURPOSE: This rule provides information to anesthesiologist assistants licensed in Missouri regarding penalty of non renewing.

(1) Whenever a licensed anesthesiologist assistant fails to renew his/her license before
the license expiration date, his/her application for renewal of license shall be denied unless it is accompanied by all fees required by statute and rule. This application shall be completed upon forms provided by the board and shall be made by the applicant under oath.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) All applications shall be sent to the State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(4) All applicants shall submit the renewal fee along with the delinquent fee pursuant to 20 CSR 2150-9.080. This fee shall be submitted in the form of a personal check, cashier’s check or money order drawn on a United States bank and/or firm made payable to the State Board of Registration for the Healing Arts.

(5) All applicants shall submit proof of active certification in compliance with 20 CSR 2150-9.070.


**20 CSR 2150-9.100 Minimum Requirements for Reinstatement of Licensure**

**PURPOSE:** This rule provides information to anesthesiologist assistants licensed in Missouri regarding reinstatement of licensure.

(1) Each applicant seeking to restore to good standing a license, certificate or permit issued under Chapter 334, RSMo, which has been revoked, suspended or inactive for any reason shall complete an application, under oath, on forms provided by the board.

(2) All applications shall be sent to the Missouri State Board of Registration for the Healing Arts, PO Box 4, Jefferson City, MO 65102.

(3) All applicants shall submit the reinstatement fee. This fee shall be submitted in the form of a personal check, cashier’s check or money order drawn on a United States bank and/or firm made payable to the State Board of Registration for the Healing Arts.

(4) All applicants shall have verification of licensure, registration and/or certification submitted from every state and/or country in which the applicants have ever held privileges to practice. This verification must be submitted directly from the licensing agency and include the type of license, registration or certification, the issue and expiration date, and information concerning any disciplinary or investigative actions. If the licensing agency refuses or fails to provide a verification, the board may consider other evidence of licensure.

(5) All applicants shall have verification of active certification submitted to the board directly from the National Commission for Certification of Anesthesiologist Assistants.

(6) Applicants whose license has been revoked, suspended or inactive shall submit any other documentation requested by the board necessary to verify that the licensee is competent to practice as evidenced by continuing education hours, reexamination, or other applicable documentation acceptable and approved by the board.

(7) The board may require an applicant to make a personal appearance before the board and/or advisory commission prior to rendering a final decision regarding license reinstatement.

(8) An applicant may withdraw his/her application for license anytime prior to the board’s vote on the applicant’s candidacy for license renewal/reinstatement.


**20 CSR 2150-9.110 Employment, Name and Address Change Requirements, Retirement Affidavits**

**PURPOSE:** This rule provides the requirements and time frames licensees must follow in reporting a change in employer, name and/or address change, or to document retirement from practice.

(1) Licensed anesthesiologist assistants who have a change of employer must submit written notification to the board within fifteen (15) business days of such occurrence.

(2) Licensed anesthesiologist assistants must submit written notification of any address change to the board within fifteen (15) business days of such occurrence.

(3) Licensed anesthesiologist assistants whose names have changed since licensure was issued must submit a copy of the legal document verifying the name change to the board, within fifteen (15) business days of such occurrence.

(4) Licensed anesthesiologist assistants who retire from practice as an anesthesiologist assistant shall file an affidavit, on a form furnished by the board, stating the date of retirement. The licensee shall submit any other documentation requested by the board to verify retirement. Licensees who reengage in practice as an anesthesiologist assistant after submitting an affidavit of retirement shall reapply for licensure as required in section 334.404, RSMo.


**20 CSR 2150-9.120 Duplicate Licenses**

**PURPOSE:** This rule provides the requirements licensees must follow to request a duplicate license.

(1) Within the board’s discretion a duplicate license may be issued upon receipt of a statement requesting the duplicate license and stating the reason the duplicate license is being requested. The statement shall be accompanied by an appropriate fee to be established by the board.

(2) Each duplicate license shall have the term “reissued” and the reissued date placed upon it.

**AUTHORITY:** sections 334.125, RSMo 2000 and 334.414, RSMo Supp. 2005.* This rule originally filed as 4 CSR 150-9.120. Original rule filed Jan. 17, 2006, effective Aug. 30,
Anesthesiologist Assistant Profession

PURPOSE: The following principles delineate the standards governing the conduct of anesthesiologist assistants in their professional interactions with patients, colleagues, other health professionals and the general public. While no code can encompass all ethical responsibilities of an anesthesiologist assistant, this enumeration of obligations in the Code of Ethics is not comprehensive and does not constitute a denial of the existence of other obligations, equally imperative, though not specifically mentioned. The anesthesiologist assistant is unique in that he or she is educated as a member of a team and not as an autonomous professional. The physician, not the anesthesiologist assistant, assumes ultimate responsibility for decisions regarding care of the patient. In this relationship, it is possible that ethical principles of the anesthesiologist assistant may sometimes differ from those of the supervising physician. The following principles are intended as guidelines to be used as a resource when trying to decide the morally proper behavior in a given situation. The anesthesiologist assistant should demonstrate respect for the dignity and individuality of his or her patients, colleagues, and other members of the health professions. Above all, the anesthesiologist assistant must maintain the utmost respect for human life.

1. Anesthesiologist assistants shall:
   A. Be committed to providing competent medical care, assuming as their primary responsibility the health, safety, welfare, and dignity of all patients;
   B. Deliver needed health care services to patients without regard to sex, age, race, creed, socioeconomic and political status, or sexual orientation;
   C. Adhere to all state and federal laws governing informed consent concerning the patient’s health care;
   D. Seek consultation with their supervising physician, other health providers, or qualified professionals having special skills, knowledge or experience whenever the welfare of the patient will be safeguarded or advanced by such consultation. Supervision should include ongoing communication between the physician and the anesthesiologist assistant regarding the care of all patients;
   E. Take personal responsibility for being familiar with and adhering to all federal/state laws applicable to the practice of their professions;
   F. Provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process;
   G. Not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity, or services;
   H. Uphold the doctrine of confidentiality regarding privileged patient information, unless required to release such information by law or such information becomes necessary to protect the welfare of the patient or the community;
   I. Strive to maintain and increase the quality of individual health care service through individual study and continuing education;
   J. Have the duty to respect the law, to uphold the dignity of the profession and to accept its ethical principles. Anesthesiologist assistants shall not participate in or conceal any activity that will bring discredit or dishonor to the anesthesiologist assistants profession and shall expose, without fear or favor, any illegal or unethical conduct in the medical profession;
   K. Use the knowledge and experience acquired as professionals to contribute to an improved community; and
   L. Place service before material gain and must carefully guard against conflicts of professional interest.


2. Each member of the commission shall receive as compensation the sum of fifty dollars ($50) for each day that member devotes to the affairs of the board.

3. In addition to the compensation fixed in this rule, each member is entitled to reimbursement of his/her expenses necessarily incurred in the discharge of his/her official duties.

4. No request for the compensation provided in this rule shall be processed for payment unless sufficient funds are available for that purpose within the appropriations for this board.


20 CSR 2150-9.130 Code of Ethics of the Anesthesiologist Assistant Profession

20 CSR 2150-9.140 Advisory Commission for Anesthesiologist Assistants

PURPOSE: This rule establishes the per diem amount for members of the Advisory Commission for Anesthesiologist Assistants pursuant to section 334.430, RSMo.

1. Based on the authority granted by the legislature in House Bill 390 of the 92nd General Assembly, there is hereby created an Advisory Commission for Anesthesiologist Assistants to be composed of five (5) members to be appointed by the governor with the advice and consent of the senate.