

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 985
AUTHOR: Ahrens
BILL DATE: March 24, 2025, Introduced
SUBJECT: Anesthesiologist Assistants
SPONSOR: California Society of Anesthesiologists

DESCRIPTION OF CURRENT LEGISLATION:

Establishes the Anesthesiologist Assistant Practice Act, which authorizes anesthesiologist assistants (AA), as defined, to work under the direction and supervision of anesthesiologists and assist in the development and implementation of anesthesia care plans for patients.

BACKGROUND:

[Medical Assistants](#) are unlicensed individuals, who perform non-invasive routine technical support services, under the supervision of certain licensed health care providers.

With certain exceptions, a physician assistant (see [Business and Professions Code \(BPC\) section 3502](#)) may generally perform any medical or diagnostic procedure within their competency, subject to the conditions of a practice agreement with their supervising physician.

According to the [American Society of Anesthesiologists](#), AAs are trained graduate level non-physician anesthesia care professionals. They are trained in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. AAs may practice in 22 jurisdictions: Alabama, Colorado, District of Columbia, Florida, Georgia, Kansas, Kentucky, Indiana, Michigan, Missouri, Nevada, New Mexico, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Texas, Utah, Vermont, Washington and Wisconsin.

ANALYSIS:

According to the author's fact sheet:

“The percentage of healthcare facilities experiencing an anesthesia staffing shortage rose from 35% in early 2020 to 78% by late 2022.¹ In 2024, only 1,695 anesthesiology residency positions were available, with about 44% of medical students unable to find placements (*Medicus Healthcare Solutions, 2024*).

As new surgical procedures emerge and the population ages, the demand for anesthesia practitioners increases. Aging Americans typically require more healthcare, while many in the physician and nursing workforce are nearing retirement.

AB 985 aims to enhance the capacity of California's healthcare workforce while maintaining the physician-led model of anesthesia care that patients overwhelmingly prefer and deserve.”

The bill establishes the Anesthesiologist Assistant Practice Act, which includes the following definitions:

- “Anesthesiologist” means a physician and surgeon who has successfully completed a training program in anesthesiology accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or equivalent organizations and is a physician in the state of California.
- “Anesthesiologist assistant” means a person who meets both the following requirements:
 - Graduated from an anesthesiologist assistant program recognized by the [Commission on Accreditation of Allied Health Education Programs](#) or by its successor agency.
 - Holds an active certification by the [National Commission for Certification of Anesthesiologist Assistants](#).

The bill also provides title protection for AAs by prohibiting any unqualified person from calling themselves an AA or using any term that implies or suggests that the person is certified as an AA.

Further, AB 985 states that an AA shall work under the direction and supervision of an anesthesiologist. The supervising anesthesiologist shall do both of the following:

¹ [News release: Anesthesia Workforce Shortage Poses Threat to Health Care - June 17, 2024](#)

- Be physically present on the premises and immediately available to the anesthesiologist assistant when medical services are being rendered.
- Oversee the activities of, and accept responsibility for, the medical services being rendered by the anesthesiologist assistant.

The bill establishes the following scope of practice for AAs: “Notwithstanding any other law, an anesthesiologist assistant under the supervision of an anesthesiologist may assist the supervising anesthesiologist in developing and implementing an anesthesia care plan for a patient.”

AB 985 does not require the licensure and regulation of AAs, which is a requirement for other health care providers who deliver critical health care services to patients and have access to controlled substances. If a physician fails to appropriately supervise the work of an AA, that physician could be disciplined by their licensing authority.

Opponent’s Arguments

As stated in the Assembly Business & Professions Committee analysis, the United Nurses Association of California writes:

“AB 985 attempts to insert a new scope of practice that seemingly overlaps with that of CRNAs, as the bill provides that an anesthesiologist assistant shall work under the direction and supervision of an anesthesiologist, and further requires that the anesthesiologist be ‘physically present on the premises’ and ‘immediately available.’ In other words, it is not clear what gap the anesthesiologist assistant is filling that cannot already be performed by CRNAs.

As such, this bill is likely to sow confusion, undermine clearly established patient health care protocols, and complicate the delivery of health care.”

Consideration of a Board Position

When considering a significant and controversial change in how patient care is delivered, ideally the Medical Board of California (Board) would engage in a process that includes interested party meetings to discuss and provide written and verbal comments from relevant experts and consumer advocates.

In the absence of such a process for this matter, Board staff are unable to provide a recommendation for a position. Staff note, however, that the lack of licensure for this proposed new profession in California poses risks to consumer protection, as disciplinary action against an AA is not authorized.

If the Board has questions or concerns about AB 985, the Board could take a position or remain neutral and direct staff to monitor the progress of the legislation, and/or direct staff to seek additional information and report back at a future Quarterly Board meeting.

FISCAL: Enforcement costs to the Board are possible if a complaint is filed against a physician related to their supervision of an AA.

SUPPORT: California Medical Association
California Orthopedic Association

OPPOSITION: United Nurses Associations of California/Union of Health Care Professionals

POSITION: No staff recommendation.

ATTACHMENT: [AB 985, Ahrens. Anesthesiologist Assistants.](#)
Version: 3/24/25 – Amended