**Section 1285.340 Anesthesia Services in an Office Setting**

a) In a physician's office, the operating physician shall have training and experience in the delivery of anesthesia services in order to administer anesthesia or to enter into a practice agreement with a certified registered nurse anesthetist (CRNA) to provide anesthesia services in the office pursuant to Section 54.5 of the Medical Practice Act and Section 15-25 of the Nursing and the Advanced Practice Nursing Act [225 ILCS 65]. When an anesthesiologist is administering anesthesia in a physician's office, the operating physician is not required to have the training and experience set forth in subsection (b). A physician's office is any practice location not regulated by Section 10.7 of the Hospital Licensing Act [210 ILCS 85] or Section 6.5 of the Ambulatory Surgical Treatment Center Act [210 ILCS 5].

b) The training and experience requirements may be met in the manner specified in either subsection (b)(1) or (2):

1) The physician maintains clinical privileges to administer anesthesia services in a hospital licensed in accordance with the Hospital Licensing Act or an ambulatory surgical treatment center licensed in accordance with the Ambulatory Surgical Treatment Center Act; or

2) Completion of continuing medical education:

A) For conscious sedation only, the physician shall complete a minimum of 8 hours of continuing medical education (CME) within each 3 year license renewal period in delivery of anesthesia, including the administration of conscious sedation. The physician will be required to complete 4 of the 8 hours of CME by July 31, 2003. The remaining 4 hours of CME shall be completed by the July 31, 2005 renewal.

B) For deep sedation, regional anesthesia and/or general anesthesia, a physician shall complete a minimum of 34 hours of continuing medical education in the delivery of anesthesia services within each 3 year license renewal period. The physician will be required to complete 16 of the 34 hours of CME by July 31, 2003. The remaining 18 hours of CME shall be completed by the July 31, 2005 renewal. Fulfillment of this requirement shall satisfy the requirement of subsection (b)(2)(A) for the administration of conscious sedation.

C) A continuing medical education program shall be conducted by a university, professional association, or hospital as a formal CME program under 68 Ill. Adm. Code 1285.110(b)(2).

c) In a physician's office where anesthesia services are being administered, all operating physicians and anesthesiologists shall obtain Advanced Cardiac Life Support (ACLS) certification by December 31, 2002, and shall maintain current ACLS certification. If the physician enters into a practice agreement with the CRNA, the CRNA shall also have a current ACLS certification pursuant to 68 Ill. Adm. Code 1305.45.

d) The ACLS certification and the physician training and experience required by this Section shall be documented in the written practice agreement between the physician and CRNA.

e) The continuing medical education required in subsection (b) and the ACLS training required in subsection (c) may be applied to fulfillment of the 150 hours continuing medical education required for renewal of a license.

f) Definitions of Anesthesia

1) Moderate Sedation Analgesia (Conscious Sedation) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

2) Deep Sedation/Analgesia is a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

3) Regional Anesthesia is the administration of local anesthetic agents to a patient to interrupt nerve impulses in a major region of the body without loss of consciousness and include epidural, caudal, spinal and brachial plexus anesthesia.

4) General Anesthesia is a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

g) Physicians who perform procedures in an office setting utilizing anesthesia in the following manner are not required to comply with this Section:

1) The use of local anesthesia in which the total dose of local anesthesia does not exceed 50% of the commonly accepted toxic dose on a weight adjusted basis.

2) The use of topical anesthesia in which the total dose of topical anesthesia does not exceed 50% of the commonly accepted toxic dose on a weight adjusted basis.

3) The use of minimal sedation (anxiolysis). Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, respiratory and cardiovascular functions are unaffected.

(Source: Amended at 29 Ill. Reg. 18823, effective November 4, 2005)