

SESSION OF 2026

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2368

As Amended by House Committee on Health
and Human Services

Brief*

HB 2368, as amended, would enact the Anesthesiologist Assistant Licensure Act (Act) and provide for the powers, duties, and functions of the State Board of Healing Arts (Board) in carrying out the Act. The bill would provide for anesthesiologist assistant (AA) licensure, define the scope of practice for AAs, require AAs to practice under a supervising anesthesiologist, and create a council to advise the Board in carrying out the provisions of the Act.

Definitions (New Section 2)

The bill would define terms, including:

- “Anesthesiologist” would mean a physician who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the Osteopathic Board of Anesthesiology;
- “Anesthesiology assistant” would mean a person who is licensed in accordance with the Act and who provides patient services under the direction and supervision of a supervising or designated anesthesiologist; and
- “Direction and supervision” would mean the guidance, direction, and coordination of the activities of an AA by such AA’s supervising or

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <https://klrd.gov/>

designated anesthesiologist, whether written or verbal, whether immediate or by prior arrangement, in accordance with standards established by the Board through rules and regulations, which standards would be designed to ensure adequate direction and supervision.

Anesthesiologist Assistant Licensure (New Section 3)

The bill would create the designation of an active AA license, which the Board would issue to an AA who makes written application on a form provided by the Board and remits a fee. As a condition of engaging in active practice as an AA, each licensed AA would file a request to engage in active practice signed by the AA and the supervising anesthesiologist who would be responsible for supervising the AA. The request would contain information as required by rules and regulations adopted by the Board. The Board would be required to maintain a list of names of AAs approved to engage in active practice in Kansas.

Expiration and Renewal

Except for temporary licenses, all licenses would expire on the date of expiration established through rules and regulations of the Board. Licenses could be renewed as required by the Board by application on a form provided by the Board and accompanied by a renewal fee, to be paid no later than the expiration date of the license.

At least 30 days before the expiration of a AA license, the Board would be required to notify the licensee in writing, which could be provided electronically. If the licensee fails to pay the renewal fee by the date of expiration, the licensee would be given a second notice that their license has expired and may be renewed only if the renewal fee and the late renewal fee are received by the Board within a 30-day period following the date of expiration. If both fees are not received within the 30-day period, the license would be deemed

canceled by operation of law without further proceedings for failure to renew and would be reissued only after the license had been reinstated pursuant to the Act.

The bill would provide for any license canceled for failure to renew to be reinstated upon:

- Recommendation of the Board;
- Payment of the reinstatement fee; and
- Submission of evidence of satisfactory completion of any applicable continuing education requirements established by the Board.

The Board would be required to adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of licenses canceled for failure to renew.

These provisions would also apply to inactive licenses, as described below.

Inactive License

The bill would create the designation of inactive license, which the Board would issue to any licensee who makes written application for the license on a form provided by the Board and remits the fee established pursuant to the Act. The Board could issue an inactive license only to a person who meets all the requirements for a license to practice as an AA in Kansas. An inactive license would not entitle the holder to engage in active practice.

License by Endorsement

The bill would create the designation of license by endorsement. The Board would issue a license by endorsement without examination to a person who has been

in active practice as an AA in another state, territory, the District of Columbia, or other country upon certification of the proper licensing authority in that location certifying that:

- The applicant is duly licensed;
- The applicant's license has never been limited, suspended, or revoked;
- The licensee has never been censured or had other disciplinary action taken; and
- The applicant is entitled to endorsement, so far as the records of such authority are concerned.

The applicant would also provide satisfactory proof to the Board that:

- The state, territory, the District of Columbia, or country where the applicant last practiced has and maintains standards at least equal to those maintained by Kansas;
- The applicant's original licensure was based upon an examination at least equal in quality to the examination required in Kansas, and the passing grade required to obtain the original license was comparable to that required in Kansas;
- The date of the applicant's original and all endorsed licenses and the date and place from which any license was attained;
- The applicant has been actively engaged in practice under the license or licenses since issuance. The Board could adopt rules and regulations establishing appropriate qualitative and quantitative practice activities to qualify as active practice; and

- The applicant has a reasonable ability to communicate in English.

An applicant for a license by endorsement would not be granted the license unless, as determined by the Board, the applicant's qualifications are substantially equivalent to Kansas requirements. In lieu of any other requirement prescribed by law for satisfactory passage of any examination for AAs, the bill would provide for the Board to accept evidence demonstrating that the applicant or licensee has satisfactorily passed an equivalent examination given by a national board of examiners for physician assistants.

Temporary Licensure (New Section 7)

The bill would require the Board to provide for the temporary licensure of any AA who has made proper application for licensure, has the proper application for licensure, has the required qualifications for licensure, except for examination, and has paid the prescribed license fee. The temporary license would authorize the person licensed to provide patient services within the limits of temporary license.

A temporary license would be valid for one year from the date of issuance or until the Board makes a final determination on the applicant's request for licensure. The Board would be able to extend a temporary license for not more than a year upon a majority vote of the members of the Board.

Fees (New Section 3)

The bill would provide for the following fees to be fixed by rules and regulations adopted by the Board and to be collected by the Board:

- No more than \$200 for an application for any license as an AA;

- No more than \$30 for an applicant for temporary licensure as an AA;
- No more than \$150 for the renewal of a license to practice as an AA;
- Not more than \$75 for the renewal of an inactive AA license;
- No more than \$100 for the late renewal of any license as an AA;
- No more than \$250 for reinstatement of a license canceled for failure to renew;
- No more than \$30 for a certified statement from the Board that an AA is licensed in Kansas;
- No more than \$25 for a copy of the licensure certificate of an AA; and
- No more than \$150 for conversion of an inactive license to an active license.

The Board would remit all moneys received from fees, charges, or penalties to the State Treasurer in accordance with state law.

Requirements for Licensees (New Section 4)

The bill would state that no person would be licensed as an AA by the Board unless the person has:

- Presented to the Board proof that the applicant has successfully completed a course of education and training approved by the Board for the education and training of an AA, or presented to the Board proof that the applicant has acquired experience while serving in the U.S. armed forces, if that

experience is equivalent to the minimum experience requirements established by the Board;

- Passed an examination approved by the Board covering topics incidental to the education and training of an AA; and
- Submitted to the Board any other information that the Board deems necessary through rules and regulations to evaluate the applicant's qualifications.

The Board would be able to refuse to license a person as an AA upon any of the grounds for which the Board may revoke, suspend, limit, publicly censure, or place under probationary or monitoring conditions such license. The Board would require every licensed AA to submit with the renewal application evidence of satisfactory completion of a program of continuing education as soon as possible after January 5, 2026. In establishing such requirements, the Board would consider any existing programs on continuing education currently being offered to AAs.

Fingerprinting and Background Check

The bill would provide for the Board to require an applicant or licensee to be fingerprinted and submit to a state and national criminal history check as part of the original application for or reinstatement of any license, registration, permit, or certificate or in connection with any investigation of any holder of a license, registration, permit, or certificate.

The Board would be able to fix and collect a fee in an amount necessary to reimburse the Board for the cost of fingerprinting and the criminal history check. Any moneys collected would be deposited in the State Treasury and credited to the Healing Arts Fee Fund.

Criminal Background Check (Section 13)

The bill would add the Board to the list of authorized agencies for the Kansas Bureau of Investigation to release criminal history record information related to adult convictions and adults non-convictions for applicants to and licensees of the Act in connection with an application or investigation of a license.

Scope of Practice (New Section 8)

The practice of an AA would include assisting the supervising or designated anesthesiologist in implementing an anesthesia care plan for the patient. In assisting the supervising or designated anesthesiologist, an AA would have the authority to:

- Obtain a comprehensive patient history, perform relevant elements of a physical exam, and present the history to the supervising anesthesiologist;
- Pretest and calibrate anesthesia delivery systems and obtain and interpret information from the systems and monitors, in consultation with an anesthesiologist;
- Assist the supervising anesthesiologist with the implementation of medically-accepted monitoring techniques;
- Establish basic and advanced airway interventions, including intubation of the trachea and performing ventilator support;
- Administer intermittent vasoactive drugs and start and adjust vasoactive functions;
- Administer anesthetic drugs, adjuvant drugs, and accessory drugs;

- Perform epidural anesthetic procedures, spinal anesthetic procedures, and other regional anesthetic techniques in coordination with the supervising anesthesiologist;
- Administer blood, blood products, and supportive fluids;
- Provide assistance to the cardiopulmonary resuscitation team in response to a life-threatening situation;
- Participate in administrative, research, and clinical teaching activities as authorized by the supervising anesthesiologist; and
- Perform other tasks not prohibited by law under the supervision of a licensed anesthesiologist that an AA has been trained in and is proficient to perform.

AAs would not have the authority to:

- Prescribe medications or controlled substances;
- Administer any drugs, medicines, devices, or therapies the supervising anesthesiologist is not qualified or authorized to prescribe; or
- Practice or attempt to practice without the supervision of a licensed anesthesiologist or in any location where the supervising anesthesiologist is not immediately available for consultation, assistance, or intervention.

Prohibitions (New Section 6)

The bill would state it is unlawful for any person who is not licensed under the Act or whose license has been revoked or suspended pursuant to the Act to engage in practice as an AA. The bill would prohibit a person from the

use of any title, abbreviation, letters, figures, sign, card, or device to indicate the person is a licensed AA or represent themselves as a licensed AA unless the person has been duly licensed as an AA in accordance with the Act.

Exemptions from the Act

The provisions of the Act would not be construed to include the following persons:

- Persons rendering gratuitous services in the case of an emergency;
- Persons gratuitously administering ordinary household remedies;
- Individuals practicing religious beliefs that provide for reliance on spiritual means alone for healing;
- Students, while performing professional services in an approved AA education and training program;
- Persons whose professional services are performed under the direct and personal supervision or by an order of a practitioner who is licensed under the Kansas Healing Arts Act;
- Other health care providers who are licensed, registered, certified, or otherwise credentialed by agencies of the State of Kansas; or
- AAs employed by the U.S. Government or any bureau, division, or agency of the U.S. Government while in the discharge of official duties.

The bill would state that any person violating the provisions of the Act would be guilty of a class B misdemeanor.

Disciplinary Actions (New Section 5)

The bill would provide for a licensee's license to be revoked, suspended, or limited; the licensee to be publicly censured, placed under probationary or monitoring conditions, or fined; or an application for a license or for reinstatement of a license to be denied upon a finding that the licensee:

- Committed an act of unprofessional conduct as defined by rules and regulations adopted by the Board;
- Obtained a license by means of fraud, misrepresentation, or concealment of material facts;
- Committed an act of professional incompetency as defined by rules and regulations adopted by the Board;
- Has been convicted of a felony or Class A misdemeanor, or substantially similar offense in another jurisdiction, whether or not related to the practice of the healing arts;
 - The Board would revoke a licensee's license following the conviction of a felony or substantially similar offense in another jurisdiction, or following conviction in a general court-martial, unless a two-thirds majority of the Board members present and voting determine by clear and convincing evidence the licensee would not pose a threat to the public in the person's capacity as a licensee, and the person has been sufficiently rehabilitated to warrant the public trust;
 - In the case of a person who has been convicted of a felony or convicted in a general court-martial and who applies for an original

license or to reinstate a canceled license, the application for a license would be denied unless a two-thirds majority of the Board members present and voting on such an application determine by clear and convincing evidence the person would not pose a threat to the public in the person's capacity as a licensee, and the person has been sufficiently rehabilitated to warrant the public trust;

- Violated any provision of the Act;
- Violated any lawful order or rule and regulation of the Board;
- Failed to report to the Board any adverse action taken against the licensee by another state or licensing jurisdiction, a peer review body, a health care facility, a professional association or society, a governmental agency, a law enforcement agency, or a court for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the bill;
- Surrendered a license or authorization to practice as an AA in another state or jurisdiction, surrendered the authority to utilize controlled substances issued by any state or federal agency, agreed to a limitation to or restriction of privileges at any medical care facility or surrendered the licensee's membership on any professional staff or in any professional association or society while under investigation for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the bill;
- Failed to report to the Board the surrender of the licensee's license or authorization to practice as an AA in another state or jurisdiction or the surrender of the licensee's membership on any professional staff or any professional association or society

while under investigation for acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the bill;

- Has an adverse judgment, award, or settlement against the licensee resulting from a medical liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the bill.
- Failed to report to the Board any adverse judgment, settlement, or award against the licensee resulting from a medical malpractice liability claim related to acts or conduct similar to acts or conduct that would constitute grounds for disciplinary action under the bill;
- No longer has the ability to practice with reasonable skill and safety by reason of physical or mental illness, or condition or use of alcohol, drugs, or controlled substances. All information, reports, findings, and other records relating to impairment would be confidential and not subject to discovery by or release to any person or entity outside of a Board proceeding;
- Exceeded or acted outside the scope of authority given the AA by the supervising anesthesiologist or by the Act; or
- Has assisted suicide in violation of state law, as established by any of the following:
 - A copy of the record of criminal conviction or plea of guilty for a felony in violation of the Kansas Criminal Code; or
 - A copy of the record of a judgment of contempt of court for violating an injunction issued under the Code of Civil Procedure.

Adverse Actions Against a License (New Section 12)

All administrative proceedings to revoke, suspend, limit, or deny a license or censure a licensee would be conducted in accordance with state law regarding disciplinary and non-disciplinary actions taken against a licensee and the Kansas Administrative Procedure Act.

When it appears to the Board that any person is violating any provisions of the Act, the Board would be able to bring an action in the name of the State of Kansas in a court of competent jurisdiction for an injunction against the violation without regard to whether proceedings have been or could be instituted before the Board or whether criminal proceedings have been or may be instituted.

Supervising Anesthesiologist (New Sections 8, 9, and 10)

An anesthesiologist would at all times accept and be responsible for the oversight of the health care services rendered by the AA. An AA would only be able to practice under the supervision of an anesthesiologist who is physically present or immediately available in the same physical facility where the AA performs delegated medical acts and the supervising anesthesiologist is available to provide direct supervision.

A supervising anesthesiologist or designated anesthesiologist would be allowed to supervise up to four AAs at any one time. An anesthesiologist, group of anesthesiologists, or medical care facility could employ more than four AAs, but an anesthesiologist could not provide direction and supervision for more than four AAs at any time.

If a supervising anesthesiologist temporarily leaves their customary location of practice, the supervising anesthesiologist would be required to, by prior arrangement, name a designated anesthesiologist who would provide

direction and supervision to the AA of such supervising anesthesiologist.

An AA would not perform professional services unless the name, address, and signature of each supervising anesthesiologist and the required form has been provided to the Board. A supervising anesthesiologist would notify the Board when supervision and direction of the the AA has terminated. The Board would provide forms for identifying each supervising anesthesiologist and for giving notice that supervision and direction has been terminated. The forms could direct that additional information be provided, including a copy of any written agreements, as required by rules and regulations adopted by the Board.

Notification of Termination of Supervision (Section 15)

The bill would require a supervising anesthesiologist to notify the Board when terminating the direction and supervision request of a written agreement or practice protocol.

Anesthesiologist Assistant Council (New Section 11)

The bill would establish an AA council (council) to advise the Board in carrying out the provisions of the Act. The council would consist of five members, all citizens and residents of Kansas, appointed as follows:

- One anesthesiologist appointed by the Board who is a supervising anesthesiologist for an AA;
- One member who would be the President of the Board or a person designated by the President; and
- Three members who are licensed AAs appointed by the Governor.

The Governor, insofar as possible, would be required to appoint persons from different geographical areas and various types of practice settings. The Kansas Academy of Anesthesiology Assistants would recommend the names of licensed AAs to the Governor in a number equal to at least twice the positions or vacancies to be filled, and the Governor would appoint members to fill the positions or vacancies from that list.

Vacancy

If a vacancy occurs on the council, the bill would require the appointing authority of the vacant position to appoint a person of like qualifications to fill the vacant position for the unexpired term, if any.

Anesthesiology Assistant Students (Section 14)

The bill would state that nothing in the Kansas Nurse Practice Act would prohibit the practice of anesthesia by AA students enrolled in approved courses of study in the administration of anesthesia or analgesic as part of that course of study.

Rules and Regulations (New Section 3)

The bill would provide for the Board to adopt all necessary rules and regulations for carrying out the provisions of the Act. The Board could grant a temporary variance from an identified rule or regulation when a literal application or enforcement of the rule or regulation would result in serious hardship and the relief granted would not result in any unreasonable risk to the public interest, safety, or welfare.

Background

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Buehler on behalf of the Kansas Association of Anesthesiologist Assistants (KAAA).

House Committee on Health and Human Services

In the House Committee hearing on February 17, 2025, **proponent** testimony was provided by representatives of the KAAA, Kansas Medical Society, a Georgia State Senator, and two private citizens. The conferees generally stated the bill provides clear oversight and scope of practice for AAs and it is supported by anesthesiologists and health care administrators.

Written-only proponent testimony was provided by 17 private citizens and representatives of Liberty Hospital, Missouri Society of Anesthesiologists, and the University of Missouri at Kansas City.

Written-only **neutral** testimony was provided by the Executive Director of the Board, who stated the bill includes the necessary provisions to carry out the Act, and the Board could promptly organize a professional council and begin to regulate the AA profession.

Opponent testimony was provided by two private citizens who generally stated concern that AAs do not improve overall access to care and can increase costs because they must practice under a licensed anesthesiologist. A conferee stated that providing licensure for AAs could threaten certified nurse anesthetist programs by limiting the number of places where student registered nurse anesthetists may complete their clinical training.

Written-only opponent testimony was provided by a representative of the Kansas Advanced Practice Nurse Association and two private citizens.

No other testimony was provided.

The House Committee amended the bill to update statutory references from 2024 to 2025.

Fiscal Information

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Board estimates enactment of the bill would increase fee fund expenditures by \$212,151 in FY 2026 and by \$194,151 in future years. The Board states enactment of the bill would require 2.0 additional positions as there would be a significant increase in workload and current staff are at capacity. The estimated expenditures would include salary and benefits totaling \$71,023 for a Licensing Analyst and \$123,128 for an Associate General Counsel. Both positions would also require one time administrative expenditures of \$9,000 each for computer, software, furniture, and other start-up costs. The Board anticipates fees from the new licensees would increase revenues by \$22,500 each year. While the Board has no mechanism to determine how many AAs would request licensure, the estimate is based on the total licensees seen in Missouri (150) and assumes a \$150 licensure fee (the bill sets the max at \$200).

The Office of Judicial Administration (Office) states enactment of the bill could increase the number of cases filed in district courts because it would create a new crime and authorizes civil actions for violations. This could result in more time spent by judicial and nonjudicial personnel processing, researching, and hearing these cases. Since the new crime carries a class B misdemeanor penalty, there could also be more supervision of offenders required by Court Services Officers. The Office estimates enactment of the bill could

result in the collection of docket fees and fines assessed in those cases filed under the bill's provisions, which would be deposited to the State General Fund. The bill would not affect other revenues to the Judicial Branch. However, a total fiscal effect cannot be estimated. Any fiscal effect associated with the bill is not reflected in *The FY 2027 Governor's Budget Report*.

Anesthesiologist Assistants; Anesthesiologist Assistant Licensure Act; State Board of Healing Arts; occupational licensure