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State of Minnesota

HOUSE OF REPRESENTATIVES

NINETY-FOURTH SESSION

H. F. No. 4460

03/18/2026 Authored by Huot, Reyer, Pursell, Backer and Perryman
The bill was read for the first time and referred to the Committee on Health Finance and Policy

A bill for an act

relating to health occupations; establishing licensure for anesthesiologist assistants; amending Minnesota Statutes 2024, section 147.012; proposing coding for new law as Minnesota Statutes, chapter 147G.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2024, section 147.012, is amended to read:

147.012 OVERSIGHT OF ALLIED HEALTH PROFESSIONS.

The board has responsibility for the oversight of the following allied health professions: physician assistants under chapter 147A, acupuncture practitioners under chapter 147B, respiratory care practitioners under chapter 147C, traditional midwives under chapter 147D, registered naturopathic doctors under chapter 147E, genetic counselors under chapter 147F, anesthesiologist assistants under chapter 147G, and athletic trainers under sections 148.7801 to 148.7815.

Sec. 2. **[147G.01] DEFINITIONS.**

Subdivision 1. **Scope.** For purposes of this chapter, the terms defined in this section have the meanings given.

Subd. 2. **Anesthesiologist assistant.** "Anesthesiologist assistant" means an individual licensed under this chapter to assist in the practice of medicine only under the supervision of a physician.

Subd. 3. **Assist.** "Assist" means an anesthesiologist assistant personally performing the duties and responsibilities delegated by the supervising physician.

Subd. 4. **Board.** "Board" means the Board of Medical Practice or its designee.

Subd. 5. **Collaborative practice agreement.** "Collaborative practice agreement" means a mutually agreed upon plan for the overall working relationship and collaborative arrangement between an anesthesiologist assistant and one or more physicians that designates the scope of services that an anesthesiologist assistant can provide.

Subd. 6. **Immediately available.** "Immediately available" means that a supervising physician is in such proximity to an anesthesiologist assistant that the supervising physician is able to reestablish direct contact with the patient to meet the medical needs of the patient and to intervene to address any urgent or emergent clinical problems.

Subd. 7. **Licensed.** "Licensed" means holding a current license issued by the board.

Subd. 8. **Physician.** "Physician" means a person currently licensed in good standing as a physician or osteopathic physician under chapter 147.

Subd. 9. **Provisional license.** "Provisional license" means a license issued by the board under section 147G.03.

Subd. 10. **Supervising physician.** "Supervising physician" means a physician who delegates, directs, coordinates, consults on, and oversees the performance, practice, and activities of an anesthesiologist assistant through a collaborative practice agreement under subdivision 5, in accordance with the American Society of Anesthesiologists' most recent guidance for best practice of anesthesia in the anesthesia care team model.

Sec. 3. **[147G.02] LICENSURE.**

(a) The board must grant an anesthesiologist assistant license to an applicant who:

(1) submits an application on the forms approved by the board;

(2) pays the appropriate application fee to the board under section 147G.10;

(3) submits evidence of graduating from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organizations;

(4) submits evidence of completing a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or another national certifying examination required by the board;

(5) certifies that the applicant is mentally and physically able to engage safely in practice as an anesthesiologist assistant;

(6) certifies that the applicant has no current anesthesiologist assistant license in this or another state subject to discipline, revocation, suspension, or probation for cause resulting from practicing as an anesthesiologist assistant; and

(7) submits any other information the board deems necessary to evaluate the applicant's qualifications.

(b) If an applicant is unable to meet the requirement in paragraph (a), clause (6), the board may find after an investigation that sufficient remediation has been made to issue the applicant a license.

Sec. 4. **[147G.03] PROVISIONAL LICENSURE.**

(a) The board must grant a provisional license as an anesthesiologist assistant to an individual who:

(1) meets the requirements in section 147G.02, paragraph (a), clauses (1) to (3) and (5) to (7); and

(2) has taken the examination required under section 147G.02, paragraph (a), clause (4), but has not received the results of the examination.

(b) A provisional license expires two years after issuance.

Sec. 5. **[147G.04] LICENSE RENEWALS.**

(a) Except as otherwise stated on a prorated initial license, a license issued under section 147G.02 is valid for a period of one year.

(b) A license issued pursuant to this chapter, other than a provisional license, expires on the last day of the licensee's birth month.

(c) At least 30 days before the license expiration date, the board must send out a renewal notice to the licensee's last known address. The notice must include a renewal application and notice of fees required for renewal. If the licensee does not receive the renewal notice, the licensee is still required to meet the deadline for renewal to qualify for continuous licensure status, except for a person who provides documentation to the board of service in the United States Armed Forces and deployment on active duty.

(d) To renew the license, the licensee must submit the following to the board prior to the current license expiring:

(1) a renewal application form approved by the board;

(2) documentation of completing the continuing education requirements under section 147G.09; and

(3) the renewal fee under section 147G.10.

(e) Before an individual's license expires for noncompliance with paragraph (d), the board must remove the name of the licensee from the list of individuals authorized to practice as an anesthesiologist assistant. The board must place the licensee's name back on the list of individuals authorized to practice if the license is reinstated under section 147G.05.

(f) Notwithstanding section 147G.05, the board must reinstate the license of an otherwise qualified individual within 30 days if the licensee has cured the renewal deadline failure and the license expired solely due to a failure to meet the renewal deadline and not as a result of any unlawful conduct or discipline.

Sec. 6. **[147G.05] LICENSE REINSTATEMENT.**

(a) Except as provided in paragraph (c) and section 147G.04, paragraph (f), an applicant must not apply for license reinstatement until two years after the date of revocation. The board must reinstate the license of an individual whose anesthesiologist assistant license was previously revoked by the board if the applicant:

(1) applies in writing to the board;

(2) meets all initial licensure requirements under section 147G.02, including payment of the initial application fee under section 147G.10, paragraph (a), clause (1); and

(3) demonstrates to the board's satisfaction under paragraph (b) that the individual is completely rehabilitated with respect to the conduct that was the basis for the revocation.

(b) The board must find the following to determine that an applicant is rehabilitated as to the conduct that was the basis for revocation:

(1) the applicant has not engaged in any conduct during the revocation period that would constitute a basis for revocation pursuant to this chapter or rules adopted by the board;

(2) if a criminal conviction was a basis of the revocation, the applicant's sentence has been fully discharged pursuant to statute or any other applicable judicial order from a court of competent jurisdiction;

(3) the applicant has made restitution to any aggrieved person as ordered by a court of competent jurisdiction; and

(4) the applicant demonstrates any other standard of rehabilitation the board determines is appropriate.

(c) If a license revocation is based on a conviction of a felony and that conviction is reversed on appeal, the board must vacate its previous order to revoke the license, and the individual formerly licensed under this chapter may apply for reinstatement as soon as the court vacates the conviction.

Sec. 7. **[147G.06] UNLICENSED PRACTICE, PROTECTED TITLES, AND RESTRICTIONS ON USE.**

Subdivision 1. **Protected titles.** No individual may use the titles "Minnesota Licensed Anesthesiologist Assistant," "Licensed Anesthesiologist Assistant," "Anesthesiologist Assistant," or "Certified Anesthesiologist Assistant" in connection with the individual's name or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state unless they have been licensed under this chapter.

Subd. 2. **Licensure required.** Except as provided under subdivision 4, it is unlawful for an individual to practice as an anesthesiologist assistant without being licensed under this chapter.

Subd. 3. **Identification.** Anesthesiologist assistants licensed under this chapter must keep the anesthesiologist assistant's license available for inspection at the anesthesiologist assistant's primary place of business. An anesthesiologist assistant must wear a name tag that identifies the individual as an anesthesiologist assistant when engaged in the individual's professional activities.

Subd. 4. **Exemptions.** The following individuals are exempt from the licensure requirements under this chapter if the individual does not hold themselves out as an anesthesiologist assistant by or through the title provided in subdivision 1 in association with the provision of services within the scope of this chapter:

(1) an individual regulated under section 214.01, subdivision 2;

(2) an individual listed in section 147.09, clauses (1) to (8) and (10) to (13);

(3) an anesthesiologist assistant student enrolled in an anesthesiologist assistant educational program accredited by the Commission on Accreditation of Allied Health Education Programs or its successor agency approved by the board; or

(4) an individual employed by the federal government if the individual is providing anesthesiologist assistant services exclusively under the direction and control of a federal employer.

Subd. 5. **Sanctions.** An individual who violates this section is guilty of a misdemeanor and is subject to disciplinary action and sanctions under the board's authority and injunctive relief under section 214.11.

Sec. 8. **[147G.07] SCOPE OF PRACTICE.**

Subdivision 1. **Physician supervision.** (a) An anesthesiologist assistant must only assist in the practice of medicine under the supervision of a physician.

(b) An anesthesiologist assistant must only perform duties and responsibilities delegated to the anesthesiologist assistant by a supervising physician as part of a collaborative practice agreement and in accordance with the American Society of Anesthesiologists' most recent guidance for best practices of anesthesia in the anesthesia care team model.

(c) The supervising physician must be immediately available, as defined in section 147G.01, subdivision 5, to the anesthesiologist assistant during the delivery of medical care.

(d) An anesthesiologist assistant must not delegate a medical care task assigned to the anesthesiologist assistant by the supervising physician to another individual.

(e) An anesthesiologist assistant's practice must not exceed the anesthesiologist assistant's scope of practice or the scope of practice of the supervising physician.

(f) A supervising physician must supervise anesthesiologist assistants in a manner consistent with federal regulations for reimbursement of anesthesia services.

Subd. 2. **Collaborative practice agreement required.** (a) An anesthesiologist assistant must only practice under a collaborative practice agreement within a hospital or integrated clinical setting where anesthesiologist assistants and physicians work together to provide anesthesia care.

(b) The anesthesiologist assistant and one of the supervising physicians must have experience in providing care to patients with the same or similar medical conditions, including but not limited to experience received while participating in an accredited education and training program.

Subd. 3. **General scope.** Subject to any limits specified in the collaborative practice agreement, the scope of practice of an anesthesiologist assistant includes:

(1) services within the education, training, and experience of the anesthesiologist assistant, as determined by the board;

(2) patient services customary to the practice of an anesthesiologist assistant and the collaborative practice agreement; and

(3) other services permitted by law, rule, and the standards of the facilities at which the anesthesiologist assistant practices.

Subd. 4. **Specific patient services.** Patient services include but are not limited to:

(1) developing and implementing an anesthesia care plan for a patient;

(2) obtaining a comprehensive patient history and performing relevant elements of a physical exam;

(3) performing preoperative and postoperative anesthetic evaluations and maintaining patient progress notes;

(4) ordering and performing preoperative patient consultations;

(5) ordering and administering preoperative medications before the supervising physician cosigns, including but not limited to controlled substances;

(6) changing or discontinuing a medical treatment plan after consulting with the supervising physician;

(7) obtaining informed consent for anesthesia or related procedures;

(8) ordering and administering perioperative continuation of current medications before the supervising physician cosigns;

(9) pretesting and calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and monitors;

(10) implementing medically accepted monitoring techniques;

(11) performing basic and advanced airway interventions, including but not limited to endotracheal intubation and laryngeal mask insertion;

(12) establishing peripheral intravenous lines, including but not limited to subcutaneous lidocaine use;

(13) performing invasive procedures, including but not limited to arterial lines, central lines, and Swan-Ganz catheters;

(14) performing general anesthesia, including but not limited to induction, maintenance, and emergence and procedures associated with general anesthesia, such as gastric intubation;

(15) administering anesthetic drugs, adjuvant drugs, and accessory drugs;

(16) administering vasoactive drugs and starting and titrating vasoactive infusions to treat patient responses to anesthesia;

(17) performing, maintaining, evaluating, and managing epidural, spinal, and regional anesthesia, including but not limited to catheters;

(18) performing monitored anesthesia care;

(19) obtaining venous and arterial blood samples;

(20) administering blood, blood products, and supportive fluids;

(21) performing, ordering, and interpreting appropriate preoperative, point-of-care, intraoperative, and postoperative diagnostic tests or procedures;

(22) obtaining and administering perioperative anesthesia and related pharmaceutical agents, including but not limited to intravenous fluids and blood products;

(23) managing the patient while in the preoperative suite, recovery area, or labor suites;

(24) ordering and administering postoperative sedation, anxiolysis, or analgesia; postoperative respiratory therapy and medicines to treat patient responses to anesthesia; and postoperative oxygen therapy, including but not limited to initial ventilator therapy that may be administered before the supervising physician cosigns;

(25) initiating and managing cardiopulmonary resuscitation in response to a life-threatening situation;

(26) participating in administrative, research, and clinical teaching activities, including but not limited to supervising student anesthesiologist assistants and other students involved in anesthesia education; and

(27) accessing and obtaining prescription drugs for a patient as directed by the supervising physician.

Sec. 9. **[147G.08] DISCIPLINE; REPORTING.**

For purposes of this chapter, anesthesiologist assistants are subject to sections 147.091 to 147.162.

Sec. 10. **[147G.09] CONTINUING EDUCATION REQUIREMENTS.**

Each licensee must obtain the number of continuing education hours per cycle required by the National Commission for Certification of Anesthesiologist Assistants, or the equivalent organization, to maintain certification status.

Sec. 11. **[147G.10] FEES.**

(a) The board may charge the following nonrefundable fees:

(1) anesthesiologist assistant application, $.....;

(2) anesthesiologist assistant annual license renewal, $.....;

(3) duplicate license, $.....;

(4) certification letter, $.....;

(5) education or training program approval, $.....;

(6) report creation and generation, $..... per hour; and

(7) verification, $.....

(b) The board must prorate the application fee in the first year of licensure to account for license renewal during a licensee's birth month and may prorate the application fee in other circumstances as determined by the board.

(c) The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec. 12. **[147G.11] ANESTHESIOLOGIST ASSISTANT ADVISORY COUNCIL.**

Subdivision 1. **Membership.** The Anesthesiologist Assistant Advisory Council is created and is composed of five individuals appointed by the board. The five individuals must include:

(1) one public member, as defined in section 214.02;

(2) three anesthesiologist assistants who meet the criteria for initial licensure under section 147G.02; and

(3) one licensed physician with experience as a supervising physician.

Subd. 2. **Organization.** The council shall be organized and administered under section 15.059.

Subd. 3. **Duties.** (a) The council must advise the board regarding:

(1) anesthesiologist assistant licensure standards;

(2) enforcement of grounds for discipline;

(3) distribution of information regarding anesthesiologist assistant licensure standards;

(4) recommendations of applicants for licensure or license renewal;

(5) complaints and recommendations to the board regarding disciplinary matters and proceedings concerning applicants and licensees according to sections 214.10; 214.103; and 214.13, subdivisions 6 and 7; and

(6) issues related to anesthesiologist assistant practice and regulation.

(b) The council must perform other duties authorized for the council by chapter 214 and as directed by the board.