

Senate Finance Committee

11 Bladen Street

3 East Miller Senate Office Building

Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee,

My name is Jenny Lee, and I am a Maryland resident living in Montgomery County. I am a Certified Anesthesiologist Assistant (CAA) who has been licensed and practicing for almost nine years, currently working in Washington, DC. I am writing in strong support of Senate Bill 951 / House Bill 1558—State Board of Physicians—Anesthesiologist Assistants—Licensing.

I am a Maryland resident and CAA who wants to practice at home to help Maryland patients access timely surgical and procedural care. At my current hospital, we serve patients for different specialties like orthopedics, neurosurgery, pediatrics, transplant, obgyn, and more. Although I live in Montgomery County, I must commute to DC for work because there are limited opportunities for CAAs to practice in nearby Maryland hospitals. Many Maryland hospitals are closer to my home and would greatly benefit from the ability to employ experienced CAAs like myself. Licensure would allow clinicians who already live here to contribute to Maryland's healthcare workforce and keep care capacity in-state.

CAAs practice exclusively within the physician anesthesiologist–led Anesthesia Care Team (ACT) model. We do not practice independently; anesthesiologist supervision is required. We follow the same operating room safety culture as every other member of the anesthesia team, including standardized checklists, clear escalation pathways, and immediate physician involvement for complex or emergent events. This bill does not create independent practice for CAAs and does not change physician leadership of anesthesia care.

Maryland hospitals and surgical centers face anesthesia staffing pressures that can delay or limit procedures. This legislation would help expand access to anesthesia services and strengthen the perioperative workforce by allowing CAAs to be added to existing ACT models—without changing physician oversight. At a time of increasing

surgical demand, this is a practical, patient-centered solution that helps patients receive timely care close to home.

CAA education is graduate-level and anesthesia-specific, with standardized national certification. We complete rigorous didactic and clinical training across anesthesia subspecialties and maintain competence through required continuing education and recertification. We practice only where the supervising anesthesiologist credentials us and where the facility grants privileges based on demonstrated competency.

This licensure does not replace other anesthesia professional colleagues; it adds another supervised clinician to the team. It does not change existing practice authority or hospital bylaws; facilities retain authority to determine staffing models within applicable law and policy.

As a Maryland resident who is trained, experienced, and committed to patient safety, I respectfully ask you to support Senate Bill 951 / House Bill 1558 and allow Maryland to license CAAs so Maryland patients can access timely, physician-led anesthesia care close to home.

Thank you for your time and thoughtful consideration.

Respectfully,

Jenny Lee

Montgomery County, Maryland

Certified Anesthesiologist Assistant