

TESTIMONY in response to SB951: Matthew D'Angelo, DNP, CRNA, MHPE, MSS, FAANA

Chair, Vice Chair, and Members of the Committee, thank you for the opportunity to testify.

My name is Matthew D'Angelo, and I am an Associate Professor and Director of the Johns Hopkins University Nurse Anesthesia Program.

Maryland maintains one of the most robust nurse anesthesia education infrastructures in the country. We house elite doctoral programs at Johns Hopkins, the University of Maryland, and the Uniformed Services University—programs that consistently produce highly skilled, fully autonomous anesthesia providers who serve every region of our state. And when previous efforts to advance Anesthesiologist Assistant licensure were unsuccessful, Johns Hopkins responded by creating its own Nurse Anesthesia program to increase the nurse anesthesia pipeline and support the needs of our state. That decision reflected a clear reality: the marketplace, our clinical partners, and the state's needs all align behind the nurse anesthesia model.

A central challenge in this discussion is clinical training capacity. Operating room training slots and preceptors are a finite resource. Every slot assigned to an AA student is a slot taken directly away from a doctoral Nurse anesthesia student. When we redirect these scarce training opportunities toward dependent trainees, we reduce our ability to educate the nurse anesthesia workforce Maryland relies on.

Our priority must be maximizing utility for the state. CRNAs practice throughout the state, serving in rural and underserved regions, and provide the greatest adaptability across all care settings. The AA model, by contrast, remains dependent, geographically constrained, and has not meaningfully scaled in clinical practice over sixty years. Investing Maryland's limited educational and clinical resources into a workforce that cannot practice independently is strategically shortsighted.

In closing: Maryland already has the gold standard of anesthesia care. CRNAs are filling the need now, and we will continue to do so because of our outstanding schools, our rigorous training, and our proven practice model. What is needed is support from our legislators to improve clinical access to training so we can increase the pipeline and the development of future CRNAs.

Thank you for your time.