

Re: Senate Bill 951/House Bill 1558 – State Board of Physicians -Anesthesiologist Assistants - Licensing

Dear Senate Finance Committee,

My name is Ashish Patel. I am a Maryland resident and a Certified Anesthesiologist Assistant (CAA) with over 25 years of experience. Throughout my career, I have always worked at Level I trauma centers. I was among the first CAAs practicing in the Washington, DC area. Despite living in Maryland, I have never been allowed to practice in my home state.

For more than two decades, I have commuted over an hour each way to work in neighboring jurisdictions. Personally, this has been tough since it has limited where my wife can work because when our kids were young she had to stay closer to home. I was at least an hour (with no traffic) away, so that limited my ability to pick up the kids, take them to practices, attending events... putting even a greater burden on my spouse. Professionally, the countless hours spent on the road and passing Maryland health facilities, meant that my skills and experience have not been available to Maryland hospitals or Maryland patients—even during these times of staffing shortages and increasing demand for surgical and procedural care. Our recent events, for example, I left the house at 4:30am to slowly and safely drive to DC in order to take care of patients. I have many examples like this over 20 years – I did gray quickly!

CAAs practice exclusively within the physician anesthesiologist–led Anesthesia Care Team model. We do not practice independently. An Anesthesiologist is required to be available somewhere within the hospital or facility. We follow the same operating room safety culture used throughout modern anesthesia practice, including checklists, escalation protocols, and immediate physician involvement for complex or emergent situations. Patient safety and physician-led care are foundational to our role.

Maryland hospitals and surgical centers are experiencing anesthesia staffing pressures that delay or limit procedures. Licensing CAAs would allow Maryland to expand anesthesia capacity within existing care team models, without changing physician leadership or hospital bylaws. Many CAAs are like myself... already living in Maryland but are forced to commute out of state to work. Licensure would keep experienced clinicians and increase qualified anesthesia providers here at home.

CAA education is graduate-level program. We must pass a national board exam every ten years with ongoing certification and continuing education requirements every two years. Hospitals and anesthesia departments hold clinicians accountable through credentialing, peer review, etc. State licensure would add an additional layer of accountability and public protection by establishing clear and transparent standards and oversight.

CAAs are licensed in 23 states. This includes DC and Virginia. I ask for your support of the bill to license certified anesthesiologist assistants so that Maryland residents may also have access to the quality anesthesia care we provide. Thank you for your time

Sincerely,

Ashish Patel, CAA