



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2026 SESSION POSITION PAPER

BILL NO.: SB 951 - State Board of Physicians –
Anesthesiologist Assistants – Licensing
COMMITTEE: Finance
POSITION: Letter of Opposition

POSITION AND RATIONALE:

The Maryland Board of Physicians (the Board) shares the proponents and sponsors' goal of expanding Maryland's healthcare workforce and values the potential contributions of Certified Anesthesiologist Assistants (CAAs). However, to ensure that any new licensure group is fiscally sustainable and aligned with health care safety standards, the Board respectfully submits this Letter of Opposition regarding Senate Bill (SB) 951. The bill seeks to establish a licensing and regulatory system for anesthesiologist assistants under the Board. The bill also seeks to authorize CAAs to perform complex surgical tasks, including administering anesthesia and advanced airway management, under an anesthesiologist's supervision.

Background

The Board's mission is to assure quality health care in Maryland through the efficient licensure and discipline of healthcare practitioners. Rigorous research and evaluation of new healthcare professions seeking regulatory oversight by the Board require time that can't be compressed into the ninety-day legislative session. While the Board values workforce expansion and is actively working on other legislation to address workforce shortages in Maryland, the full Board voted on December 17, 2025, to not support the licensure of CAAs during the 2026 Legislative Session. This decision was then sent in a formal letter to the bill's House sponsor and other stakeholders on December 23, 2025 (Attachment 1).

The Board's position is based on, but not limited to, the limited information received prior to the session. Proponents did not first engage the Board regarding this specific proposal until November 7, 2025. As currently drafted, SB 951 does not align with the uniform standards, codified language, and revisions the Board established through the recently enacted Senate Bill 423 / House Bill 776 - Maryland Medical Practice Act and Maryland Physician Assistants Act - Revisions ("General Revisions") (2025), which standardized the Board's statutes. Specifically, the bill text lacks fundamental components essential to the Board's mission of public protection, as it fails to incorporate mandated employer reporting, specific notification requirements for name or address

changes, internet profile requirements, and alignment with the Board's established disciplinary processes. The bill also mandates that CAAs practice under the direct supervision of a licensed anesthesiologist. The Board believes this requirement ensures patient safety through existing delegated oversight, proving that there is no immediate risk to the public if CAAs remain unlicensed.

Fiscal and Economic Impact

The Board is concerned about the significant administrative burden and fiscal impact the bill would present. Before implementing this licensure category, numerous tasks will require extensive Board resources. Tasks such as drafting regulations requiring legal consultation, developing applications, making modifications to the Board's IT system and website, and advising national and federal entities about the new licensure group. Board staff will also need additional time to research accredited anesthesiology assistant programs and review national certification standards.

The bill mandates that the Board establish reasonable fees to cover the costs of maintaining licensure. With only an estimated 50 potential CAA licensees in Maryland, the profession wouldn't generate enough revenue to remain self-sustaining. This would then lead the Board to either charge the 50 practitioners high fees to operate under the Board or inappropriately increase physician licensure fees to support this new licensure group. Additionally, the Board notes a lack of demonstrated need for this licensure category, as proponents have not provided data showing how the 50 practitioners would significantly impact Maryland's practitioner workforce shortages beyond billing and reimbursement concerns.

As of 2024, Maryland is ranked #4 among states with the highest per capita number of anesthesiologists.¹ With a total population exceeding 6 million and 1,284 active anesthesiologists, the state is a high-density hub for anesthesia services. This high density suggests a saturated market in which competition is already strong among highly trained physicians, further questioning the immediate need for an additional licensed profession in this field.

Other State Regulatory Models

CAA data from other states also support the Board's concern regarding the limited impact of this licensure category on Maryland's healthcare workforce. A workforce survey completed by the D.C. Board of Medicine (DC Board) found that, while 147 board-licensed anesthesiologist assistants were active, only 72 reported providing direct clinical care. The study also detailed that no practitioner reported plans to increase practice hours or add new practice locations in D.C. With a small clinical footprint in a neighboring jurisdiction whose licensing history for this profession began in 2005, the study further supports the Board's concerns over the lack of demonstrated need for licensing this profession in Maryland.

Licensure is the most restrictive form of regulation, and other options exist to protect consumers and maintain standards. Notably, other jurisdictions successfully utilize different regulatory systems that do not require independent licensure for CAAs. For example, Kentucky and Washington provide specific pathways for Physician Assistants to practice in anesthesia roles through delegated duties, provided they have met specific academic and clinical training requirements in anesthesiology.

¹ Becker's ASC Review, "States ranked by anesthesiologists per capita," February 27, 2024.
<https://www.beckersasc.com/anesthesia/states-ranked-by-anesthesiologists-per-capita/>

Given the limited research and evaluation time, the Board strongly requests the opportunity to explore these and other regulatory models to determine whether a less restrictive or more administratively efficient approach could protect the public while avoiding the fiscal burden of establishing a new regulated profession.

Unresolved Questions for Stakeholders

Given the limited research and evaluation time currently permitted, the Board has been unable to fully review this profession to determine whether the Board is the right fit for CAAs. The Board values making mindful decisions when taking on new licensure groups, as demonstrated through previous efforts with Limited X-Ray Machine Operators (LXMOs), Genetic Counselors, and Naturopathic Doctors. These groups provided the thorough information and research the Board needed to make an informed decision on regulatory oversight.

If amenable to the proponents, stakeholders, and sponsors, the Board would value addressing the following questions to support a more comprehensive evaluation. These questions include:

1. Market Density vs. Shortage Trends
 - How do the proponents reconcile Maryland's #4 national ranking in anesthesiologists per capita with the claim of a critical shortage?
2. Fiscal Sustainability
 - The proponents estimate approximately 50 Maryland licensees in the first year. Given the Board's experience with implementation costs, how will CAAs remain fiscally self-sustaining without inappropriately shifting the regulatory cost to physicians?
3. Alternative Regulatory Models
 - Have proponents and stakeholders explored other regulatory models used in states like Kentucky and Washington, where certain anesthesia duties can be delegated to qualified professionals without requiring a new, independent licensure category?
 - Have other types of regulation been considered (title protection, registration, or an exception to licensure)?
4. Board Alignment and Nexus to Physicians
 - Given that CAAs practice exclusively within an anesthesiologist-led care team, have proponents met with other specialized boards, such as Occupational Health or Behavioral Health, to determine if those entities provide a more appropriate regulatory home for this profession?

The Board's Commitment to Collaboration

The Board is committed to a collaborative and evidence-based approach to the licensing of CAAs. While proceeding with SB 951 in its current form would create immediate regulatory inconsistencies and fiscal risks, the Board views this as the beginning of a productive dialogue with proponents and stakeholders for this licensure group.

Rather than proceeding with licensing that may inadvertently burden the very practitioners it seeks to license, the Board formally requests that this legislation not proceed during the 2026 session. Instead, the Board commits to performing a thorough interim evaluation of this profession. To ensure transparency throughout this process, upon completion of the evaluation, the Board will notify the sponsors, proponents, and stakeholders of the outcome.

Thank you for your consideration. For more information, please contact Oriell Harris, Health Policy Analyst, at OriellT.Harris@maryland.gov.

Sincerely,

A handwritten signature in cursive script that reads "Harbhajan Ajrawat".

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

Attachment 1:
Maryland Board of Physicians
Response Letter (December 23, 2025)



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

December 23, 2025

Delegate Jamila J. Woods
Maryland House of Delegates
District 26

Subject: The Maryland Board of Physicians Position and Concerns Regarding Proposed Legislation on Certified Anesthesiologist Assistant Licensure

Dear Delegate Woods,

The Maryland Board of Physicians (the Board) would like to thank you for providing the proposed bill text for establishing licensure for Certified Anesthesiologist Assistants (CAAs).

During the Board's meeting on December 17, 2025, the Board voted not to support the licensing of CAAs. This decision was based on the insufficient information received by the Board to make a well-informed assessment of the appropriate regulatory oversight for this profession. At this time, the Board strongly requests that this legislation not proceed in the upcoming session, allowing for substantive discussions with your office, the proponents, and other key stakeholders over the interim.

Evaluation of New Professions for Licensure and the Board's Commitments for 2026

This coming legislative session, following work with proponents and stakeholders throughout the interim, the Board has committed to expanding the limited x-ray machine operator (LXMO) registration and creating a licensure pathway for foreign-trained physicians. The Board also participated in meetings and discussions this interim with two other professions seeking our regulatory oversight. Both provided documentation about the scope of practice, the number of potential licensees, the risk of harm to the public, types of employers, and supervision required. Providing this information is critical so that we approach each new addition to the Board thoughtfully and with a comprehensive understanding of that profession.

During its December meeting, the Board re-adopted [objective criteria for evaluating new professions](#) for licensure. Groups seeking licensure under the Board will be requested to complete an application and provide supporting information to facilitate a thorough and considered evaluation.

The Board currently regulates physicians and 14 allied health professions, representing over 50,000

licensees. Implementing a new profession requires significant resources, including additional staff to process applications, draft regulations, forms, and applications, as well as staffing an advisory committee following the recruitment of its members, and making modifications to the Board's licensing system. With limited resources, the Board must carefully evaluate which professions will best serve Maryland's healthcare workforce needs while ensuring we maintain our established standards of oversight.

CAA Timeframe and Lack of Engagement by the Proponents

During the summer, the Board contacted the Maryland Hospital Association (MHA) to inquire whether any legislation was being considered for this profession. The Board subsequently gained a clearer understanding of the legislative intent during a meeting with Children's National Hospital on November 7, 2025, at which time we learned that draft bill language had been submitted to the Department of Legislative Services (DLS). Following that discussion, the Board requested additional information about the profession from the proponents, but has yet to receive any materials. Therefore, the Board has been unable to conduct the thorough review that the Board's oversight of this profession would require.

Proposed Bill and Regulatory Concerns

The Board is concerned by the lack of proactive engagement by the proponents, which, in turn, provided no opportunity for collaboration during the drafting phase of this bill.

The Board received its first copy of the bill text on December 2, 2025, following a meeting with your office on November 25, 2025. Our preliminary review identified several areas where the proposed bill text does not align with the Board's recently enacted legislation, [SB 423 / HB 776 - Maryland Medical Practice Act and Maryland Physicians Assistants Act - Revisions](#), which standardized language across all allied health statutes under the Board. Key concerns include:

1. **Statutory Inconsistency:** The bill does not reflect the recent revisions made to the Board regulations through SB 423/HB 776.
2. **Missing Provisions:** The draft does not incorporate essential public protection requirements, such as disciplinary grounds, mandated employer reporting, notification requirements for name/address changes, and internet profile requirements.

These components are fundamental to the Board's mission to protect the safety and welfare of Maryland residents. Proceeding with this bill as currently drafted would create immediate regulatory conflict, procedural inconsistencies, and implementation challenges.

Conclusion

Based on the recent decision by the Board, which voted not to support CAA licensure at this time, the Board is formally requesting that the legislation regarding Certified Anesthesiologist Assistant (CAA) licensure not proceed in the upcoming session.

The Board is open to working constructively with your office, the bill's proponents, and other stakeholders if similar legislation is proposed in the future with sufficient notice, collaboration, and

outreach.

We look forward to the January 2026 meeting as an opportunity to discuss these concerns and explore solutions that will position any future legislation for success.

Sincerely,

A handwritten signature in cursive script that reads "Harbhajan Ajrawat".

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

c: Bonnie Cullison, Vice Chair, HGO
Samuel Rosenberg, HGO, Chair, Health Occupations And Long-Term Care Subcommittee
Senator Pamela Biedle, Chair, Finance Committee
Senator Antonio Hayes, Vice Chair, Finance Committee