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Position: UNFAVORABLE

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Madame Chair, ladies and gentlemen of the committee, My name is Shawn Seifert. I was an Army Nurse Corps Captain assigned to Walter Reed AMC. I completed my Masters in Nurse Anesthesia at Georgetown University and have spent the last 22 years of practice in hospitals across Maryland from Annapolis to Hagerstown, Baltimore to Silver Spring. I have been the Chief CRNA of many hospitals including the system chief of a network of hospitals and surgicenters throughout Maryland and DC so I have led and managed teams including both CRNAs and AAs

From the systems level perspective, Maryland's current system already is the gold standard in anesthesia. We have care teams of physicians and CRNAs in the appropriate settings, and physician only or CRNA only care in others. This flexibility allows us to provide care in urban and rural settings and is a cost effective strategy for Maryland patients.

Adding AAs wont expand the workforce. It will only add more non clinical physicians, increasing costs while not directly providing care to patients. With mandated direction ratios, AAs ensure that physicians are unavailable for direct patient care while relegated to a supervisors role.

If a physician is supervising four rooms, and there is an emergency in one, the other three rooms have to run independently now. CRNAs that have been educated and experienced to collaborate directly with the surgeon have no trouble in this scenario. AAs as mandated dependent providers are effectively prevented from starting the next case without the physician. This creates gridlock in the operating room: both inefficient and expensive.

Collaborative practice models are the future. AAs will trap us in the past when Maryland needs to move forward. This year, Kansas voted against AA licensure. Ohio just removed physician supervision of CRNAs. CRNAs continue to be the right solution for Maryland. I ask for an unfavorable ruling on SB951.

Thank you for your time.