

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 Scott Plunkett, and I am a Maryland resident living in Takoma Park in Montgomery County and a Certified Anesthesiologist Assistant (CAA). I respectfully urge your support for Senate Bill 951/House Bill 1558—State Board of Physicians—Anesthesiologist Assistants—Licensing.

I have been licensed and practicing as a CAA for nearly 12 years. Throughout my career, I have worked at Children’s National Medical Center in Washington, DC, where I provide anesthesia care for some of the most medically complex pediatric patients in the region. My work includes caring for neonates, children undergoing complex pediatric surgery, and patients with congenital heart disease. This care is delivered as part of the physician anesthesiologist-led Anesthesia Care Team (ACT) model. CAAs practice only within this model under the direct supervision of physician anesthesiologists and do not practice independently. The ACT structure emphasizes patient safety through established operating room safety practices, team-based care, and immediately available physician involvement.

Although I live in Maryland, I am unable to practice my profession in my home state due to current licensing restrictions. Each day I commute from Takoma Park to Washington, DC to provide care. My wife is also a CAA and a Maryland resident, and she faces the same limitation. We moved to Maryland in recent years and are raising our family here. Maryland is where we have chosen to build our family’s future, and we would welcome the opportunity to also practice here and contribute to Maryland’s healthcare system.

Beyond my clinical work, I am also involved in educating the next generation of anesthesia professionals. I serve as co-director for didactic education for the Case Western Reserve University Master of Science in Anesthesia Program in DC. In that role, I help train future CAAs through a graduate-level, anesthesia-specific curriculum that includes rigorous academic preparation, standardized national certification, and ongoing continuing education and recertification requirements throughout a clinician’s career.

Maryland hospitals and surgical centers face ongoing anesthesia workforce pressures that can delay or limit access to surgical and procedural care. Allowing licensure for CAAs would expand the available workforce within the existing physician-led ACT model without changing physician leadership or hospital governance. CAAs are currently licensed in 23

states, including neighboring Virginia and the District of Columbia, where they help support access to safe, physician-led anesthesia care.

This legislation would establish a clear regulatory framework under the State Board of Physicians with defined eligibility standards, oversight, and accountability. Importantly, the bill does not create independent practice for CAAs and does not alter existing physician supervision requirements or hospital staffing decisions. It simply allows Maryland to license a supervised anesthesia professional who is already practicing safely across much of the country.

As a Maryland resident, educator, and practicing clinician, I respectfully ask the committee to support Senate Bill 951/House Bill 1558 so that professionals like me who live in Maryland can also care for Maryland patients.

Thank you for your time and consideration.

Sincerely,

Scott Plunkett, CAA  
Takoma Park, Maryland