

MARYLAND ASSOCIATION OF NURSE ANESTHETISTS

Advancing Excellence in Anesthesia Care for Maryland

March 2026

Senator Pam Beidle, Chair

Senate Finance Committee
Maryland General Assembly
Annapolis, Maryland

RE: Written Testimony in Opposition to SB 951 – Anesthesiologist Assistants

Dear Chair Beidle, Vice Chair, and Members of the Senate Finance Committee:

My name is Ken Radford and I reside in Frederick, Maryland, Legislative District 4. I am the President of the Maryland Association of Nurse Anesthetists (MANA), and I submit this written testimony in opposition to SB 951, which would license Anesthesiologist Assistants (AAs) in Maryland.

Maryland Already Has the Gold Standard of Anesthesia Care

Maryland already has a gold standard anesthesia care model—one that is efficient, safe, and proven. Our system relies on two highly trained providers: physician anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs). Both are fully licensed. Both are trained to make immediate, life-critical decisions. And both are legally empowered to act when seconds matter.

This structure is not accidental—it is a **policy safeguard**.

The Unique Qualifications of Maryland's CRNAs

CRNAs are required to have three to five years of high-acuity critical care nursing experience before entering anesthesia training. That means every CRNA practicing in Maryland has already managed ventilators, vasoactive infusions, cardiac arrest, and unstable critically ill patients long before stepping into the operating room. This depth of clinical experience is unmatched and irreplaceable.

Independent Collaborative Care Creates System Elasticity

Independent collaborative care creates system elasticity. Because every anesthesia provider in Maryland's current model is a decision-maker, hospitals can move cases efficiently, respond to emergencies, and adapt in real time—especially in community and rural settings where flexibility is critical to patient safety.

Introducing AAs Creates a Bottleneck—Not Better Access

Introducing a dependent-assistant provider role, such as Anesthesiologist Assistants, does the opposite. AAs cannot legally proceed without physician anesthesiologist supervision, which:

- Reduces operational flexibility in hospitals already under staffing pressure;
- Slows care delivery in a system that is already meeting Maryland's needs; and
- Expands regulatory burden without expanding patient access to care.

Maryland does not have a shortage of anesthesia providers that requires the creation of a new dependent provider category. What Maryland needs is to protect what is already working.

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Nearly 80 Years of Safe Anesthesia Care in Maryland

Since 1946—the founding year of the Maryland Association of Nurse Anesthetists—CRNAs have stood as trusted partners in delivering safe anesthesia care for Marylanders. We have served this state for nearly 80 years and will continue to do so well into the future.

Conclusion

We already have the gold standard of anesthesia care in Maryland—CRNAs and Physician Anesthesiologists working together for Maryland patients. SB 951 introduces a third provider type that only expands regulatory burden without expanding access to care for the patients we serve today and in the future.

I respectfully urge this Committee to oppose SB 951.

Respectfully submitted,



Ken Radford, Ph.D., CRNA

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