



## MARYLAND SOCIETY OF ANESTHESIOLOGISTS

**Date:** Friday, March 6, 2026  
**Committee:** The Honorable Pam Beidle, Chair  
Senate Finance Committee  
**Bill:** **Senate Bill 951 - State Board of Physicians – Anesthesiologist Assistants – Licensing**  
**Position:** **SUPPORT**

The Maryland Society of Anesthesiologists (MSA) is a state component society of the American Society of Anesthesiologists (ASA). The MSA is a non-profit physician organization dedicated to promoting the safest and highest standards of the profession of anesthesiology in the State of Maryland. Our purpose is to advocate on behalf of our members for their patients through policy, education, and research.

As introduced, Senate Bill 951 “establishes a licensing and regulatory system for anesthesiologist assistants under the State Board of Physicians.”

### **Background:**

The Maryland Society of Anesthesiologists (MSA) consistent with the American Society of Anesthesiologists (ASA) recognizes Anesthesiologist Assistants as highly qualified non-physician anesthesia providers who, as valuable members of the anesthesia care team<sup>1</sup>, provide safe anesthesia care to the patient under the supervision of an anesthesiologist.

All AAs must complete a comprehensive didactic and clinical program at the graduate school level. To be admitted into an AA training program, students must have earned a baccalaureate degree with premedical coursework. AAs are trained extensively in the delivery and maintenance of quality anesthesia care as well as advanced patient monitoring techniques. AAs perform such tasks as administering drugs, obtaining vascular access, applying and interpreting monitors, establishing and maintaining patient airway, and assisting with preoperative assessment.

AAs currently practice in 22 jurisdictions:

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|-------------------------|--------------------|--------------------|
| 1. Alabama              | 9. Michigan*       | 17. South Carolina |
| 2. Colorado             | 10. Missouri       | 18. Texas*         |
| 3. District of Columbia | 11. Nevada         | 19. Utah           |
| 4. Florida              | 12. New Mexico     | 20. Vermont        |
| 5. Georgia              | 13. North Carolina | 21. Washington     |
| 6. Indiana              | 14. Ohio           | 22. Wisconsin      |
| 7. Kansas*              | 15. Oklahoma       |                    |
| 8. Kentucky             | 16. Pennsylvania*  |                    |

\*States in which AAs are granted practice privilege through physician delegation. AAs may practice at any Veterans Affairs facility in all 50 states.

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<sup>1</sup> Statement on the Anesthesia Care Team (Approved by the ASA House of Delegates on October 26, 1982, and last amended October 19, 2023)  
<https://www.asahq.org/standards-and-practice-parameters/statement-on-the-anesthesia-care-team>

The federal Centers for Medicare and Medicaid Services (CMS) recognizes both Certified AAs and Certified Registered Nurse Anesthetists (CRNAs) as non-physician anesthesia providers. Similarly, commercial insurance payers make no distinction between the two anesthetist types with regard to payments for services provided under medical direction by a physician Anesthesiologist.

AAs train and work under the supervision of physician Anesthesiologists who retain responsibility for the immediate care of the patient. The care team model expands the medical treatment provided by the physician Anesthesiologist and equips the medical facility to serve patients more effectively and efficiently. Patients will always have an anesthesiologist involved in their care who will be immediately available to respond to any complication that may arise.

**Why AAs are needed now:**

As demand for anesthesia services increases and will only increase more over the next 10-15 years, Maryland will only stand to benefit from the availability of the full complement of anesthesia providers, by allowing AAs to practice.

Almost half the states in the country make this provider available to their residents. As the hospitals in Maryland have so articulately made clear, now is not the time to keep the doors closed to a valued and trusted anesthesia provider that can work seamlessly and immediately with the current workforce in Maryland.

For these reasons we ask for a **FAVORABLE** report on Senate Bill 951.

Sincerely,

The Maryland Society of Anesthesiologists

cc. Dan Shattuck, Executive Director - mdsahq@gmail.com