Senate Finance Committee March 4, 2026

11 Bladen Street,

3 East Miller Senate Office Building,

Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes, and Members of the Senate:

My name is Megan Szczukowski, and I am a Maryland resident, a constituent of District 37B, and a Certified Anesthesiologist Assistant (CAA). I respectfully submit this testimony in strong support of Senate Bill 951 / House Bill 1558—State Board of Physicians—Anesthesiologist Assistants—Licensing. This legislation would allow me to practice safely and legally in the state where I live, raise my family, and serve Maryland patients who need timely access to surgical and procedural care.

My family and I made an intentional decision to settle in Easton, Maryland, where my husband is from and where we plan to remain long term. My husband is a practicing anesthesiologist, and through his work at our local community hospital, he has seen firsthand the growing shortages of anesthesia providers. These shortages strain physician teams and can delay necessary surgeries and procedures for Maryland patients. Despite living in this community and being fully trained to help meet these needs, I am unable to practice in Maryland because CAAs are not currently licensed.

CAAs practice exclusively within the physician anesthesiologist–led Anesthesia Care Team (ACT) model. We do not practice independently. Anesthesiologist supervision is required at all times, and our work follows the same safety culture used throughout operating rooms nationwide—standardized protocols, safety checklists, clear escalation pathways, and immediate physician involvement for complex or emergent situations. This model is well established, safe, and already used successfully across the country.

Importantly, CAAs are already licensed in 23 states, including the District of Columbia and Virginia, where they practice safely within physician-led care teams. As a result, Maryland trains and houses clinicians who cross state lines each day to provide anesthesia care in neighboring jurisdictions while Maryland facilities remain understaffed.

I have practiced safely for ten years in states such as Florida, North Carolina, and the District of Columbia, providing anesthesia care in high-acuity settings. My experience includes obstetric anesthesia, pediatric cases, and cardiovascular procedures; skill sets that are essential to maintaining access to care, particularly in community hospitals. Maryland could directly benefit from clinicians with this training who are ready to work under physician leadership within existing anesthesia care teams.

I currently commute out of state to provide anesthesia for medically complex surgical cases at a large academic hospital in Washington D.C., often spending more than four hours a day in my car. This has real personal and professional consequences. I am the mother of a seven month old boy and a two year old girl and I am currently breastfeeding, which adds another layer of logistical and physical complexity to an already long commute. The hours I spend driving each day is time I could otherwise spend being present for my family or caring for Maryland patients. Licensure would allow myself and many other Maryland-resident CAAs to keep our skills and availability in-state.

From a workforce and access perspective, Senate Bill 951 / House Bill 1558 offers a practical solution. Maryland hospitals and surgical centers are experiencing anesthesia staffing pressures, yet this bill allows the state to expand capacity by adding CAAs to existing ACT models without changing physician leadership or supervision. Facilities would retain full discretion over staffing decisions, and it is important to note that no existing anesthesia professionals would be displaced.

Maryland's healthcare system is facing increasing procedural backlogs, workforce shortages, and growing pressure on hospital operating margins, particularly in community and regional hospitals. At the same time, neighboring jurisdictions such as the District of Columbia and Virginia already license CAAs and are benefiting from this physician-led workforce while Maryland residents commute out of state to meet those needs. Senate Bill 951 / House Bill 1558 offers a timely, cost-effective opportunity to expand anesthesia capacity using an already trained, nationally certified, and supervised workforce—without creating new independent practice, altering physician leadership, or requiring new training pipelines. Delaying action continues to export Maryland clinicians and limits patient access to timely care when a safe, proven solution is readily available.

It is important to be clear about what this bill does not do. It does not create independent practice for CAAs. It does not replace physician anesthesiologists or other anesthesia professionals. It does not mandate staffing models or alter hospital governance. It simply allows Maryland to license a trained, supervised, and nationally certified clinician who is already practicing safely across the country.

At its core, this legislation is about access, safety, and keeping care close to home. As a resident of District 37B, I want to work in Maryland, serve my community, and contribute to the healthcare system where my family lives. I respectfully ask the Senate Finance Committee to support Senate Bill 951 / House Bill 1558 so that Maryland patients can access timely, physician-led anesthesia care from clinicians who are already trained, experienced, and eager to serve their community.

Thank you for your time and consideration,

Megan Szczukowski, CAA

Maryland Anesthesiologist Assistant Association