

**Chair Carr, Vice Chair, and Members of the House Health and Government Operations Committee:**

My name is **Ken Radford, Ph.D., CRNA**, and I reside in Frederick, Maryland. I am the **President of the Maryland Association of Nurse Anesthetists (MANA)** and submit this testimony in **opposition to HB 1558**, which would license Anesthesiologist Assistants (AAs) in Maryland. I urge the Committee to recommend an **Unfavorable** report.

<b>+78%</b>	<b>1,900</b>	<b>+46%</b>	<b>0</b>
CRNA Workforce Growth in Maryland (2014-2026)	Total Anesthesia Providers in Maryland (2026)	Growth in Total MD Anesthesia Workforce (2014-2026)	States Eliminating Shortage by Adding AAs
From 493 to 878 CRNAs Source: CMS	1,022 MDA + 878 CRNA Source: CMS	From 1,304 to 1,900 providers	AAs require MDA supervision they don't fill gaps

**Maryland Does NOT Have an Anesthesia Shortage**

The central argument for HB 1558 is a self-proclaimed anesthesia provider shortage in Maryland. **The data do not support this claim.** According to CMS provider enrollment data analyzed by the AANA, Maryland's anesthesia workforce has grown substantially and continuously:

- **CRNAs in Maryland grew 78%** from 2014 to 2026 (493 to 878), the fastest-growing anesthesia segment in the state.
- **Physician Anesthesiologists grew 26%** (811 to 1,022) over the same period.
- Maryland's **total anesthesia workforce increased 46%** -- from 1,304 to 1,900 providers -- in just 12 years.
- **CRNAs now comprise 46% of Maryland's anesthesia workforce** and are the primary anesthesia provider in rural and underserved settings.

**CRNAs and Physician Anesthesiologists: Maryland's Gold Standard**

Maryland already operates the **gold standard of anesthesia care**: fully independent, doctoral-prepared CRNAs working alongside board-certified physician anesthesiologists. Both are fully licensed autonomous practitioners. Both are trained to administer all anesthesia types. Both are legally empowered to respond to life-threatening emergencies **independently and immediately**.

AAs, by contrast, are **permanently tethered to physician anesthesiologist supervision**. They hold a master's degree versus the doctoral preparation required of CRNAs since 2025 and cannot practice independently under any circumstance. Where physician anesthesiologists are unavailable -- rural hospitals, critical access facilities -- AAs provide **no solution**. Only CRNAs fill that gap.

**The AA Model Creates Layered Supervision -- Not Efficiency**

HB 1558 proponents frame AAs as an efficiency solution. In practice, AAs require a supervising physician anesthesiologist present at all times. This creates a **dependent, layered model** that does not expand access -- it simply adds cost and complexity to a care structure that CRNAs already deliver more efficiently. No peer-reviewed study demonstrates that AA introduction reduces anesthesia shortages in states where they are currently licensed.

**Safety, Scope, and the Legislative Record**

- **CRNA safety is well-established.** Decades of peer-reviewed research confirm that CRNA-delivered anesthesia is as safe as physician-delivered anesthesia (Negrusa et al., 2016; Dulisse & Cromwell, 2010; AANA Foundation).
- **Maryland CRNAs already serve underserved populations.** Expanding CRNA practice -- not adding a dependent mid-level -- is the evidence-based answer to any access concern.
- **AA programs produce a limited supply.** There are only approximately 15 AA programs nationally graduating fewer than 300 AAs per year, compared to 140+ nurse anesthesia programs producing 3,000+ CRNAs annually. AAs will not meaningfully fill vacant positions in MD.

**Maryland does not need a new, dependent anesthesia provider class that adds regulatory burden and costs. The workforce data are clear: our anesthesia workforce has grown nearly 50% in 12 years, led by CRNAs. The gold standard is already here -- and it is working. I respectfully urge this Committee to report **HB 1558 Unfavorable**.**

Respectfully submitted,



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**Data Source:** CMS Provider Enrollment Data, analyzed by AANA  
 MANA Data Brief: Maryland Anesthesia Workforce 2014-2026

**References:** Dulisse & Cromwell (2010) *Health Affairs*; Negrusa et al. (2016) *Medical Care*;  
 AANA Foundation Workforce Research 2024