

House Health Committee
6 Bladen Street
House Office Building
Annapolis, Maryland 21401

March 16, 2026

Dear Chair Bagnall, Vice Chair Cullison, and Members of the House:

My name is Megan Szczukowski, I am a constituent of District 37B, and a Certified Anesthesiologist Assistant (CAA) with ten years of experience practicing anesthesia as part of physician-led anesthesia care teams in high-acuity hospital settings. I respectfully submit this testimony in strong support of House Bill 1558, which would establish licensure for CAAs in Maryland.

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. Instead, I commute several hours multiple times each week to work in Washington D.C., where my training and certification are recognized. At times, this commute exceeds five hours in a single day.

This reality has meaningful personal consequences. I am the mother of two young children, both under the age of three. One who is 8 months old whom I am currently breastfeeding. The long interstate commute means significant time away from my children and additional logistical challenges for my family. Like many healthcare professionals, I am deeply committed to caring for patients, but I would much prefer to do so in the state where my family lives.

My situation is not unique. There are trained anesthesia providers living in Maryland who must leave the state every day in order to practice their profession. In effect, Maryland is housing a skilled healthcare workforce that is ultimately providing care in neighboring states instead of here at home. Every week I leave Maryland to provide anesthesia care elsewhere, even though I would gladly provide that same care to Maryland patients if licensure existed.

From a workforce perspective, Maryland hospitals are facing significant anesthesia staffing challenges. When anesthesia staffing is limited, operating rooms cannot run at full capacity. This can delay procedures and reduce access to timely surgical care for patients across the state. Expanding the anesthesia workforce through CAA licensure would help hospitals maintain operating room schedules and ensure patients receive needed procedures without unnecessary delays.

Currently, many hospitals must rely on locum tenens or traveling anesthesia providers to fill staffing gaps. While these clinicians provide an important temporary service, they are significantly more expensive than recruiting and retaining permanent members of an anesthesia care team. Licensing CAAs would allow hospitals to recruit long-term clinicians who live in the region rather than relying heavily on costly temporary staffing.

Many CAAs, including myself, would also be willing to pay the full cost of licensing. For those of us commuting across state lines to work, the financial and time burden of travel already far exceeds what a professional license would cost. In reality, the commute itself has become the price we pay simply to continue practicing our profession.

CAAs are highly trained anesthesia professionals who practice exclusively within the physician-led anesthesia care team, working under the medical direction of anesthesiologists. We complete rigorous graduate-level medical education programs and must pass a national certification examination. CAAs currently practice safely in more than twenty states and in major academic medical centers, community hospitals, and high-acuity surgical environments across the country.

Importantly, House Bill 1558 does not change the physician-led structure of anesthesia care. CAAs practice only under anesthesiologist supervision, and licensure would simply allow Maryland hospitals to expand the existing anesthesia care team model that is widely used throughout the United States. This team-based approach has been shown to safely deliver anesthesia care while improving operating room efficiency and patient access to surgery.

My own clinical experience includes caring for patients undergoing obstetric anesthesia, pediatric procedures, and complex surgical cases. These services are essential to maintaining surgical access in hospitals serving diverse communities.

Maryland already has qualified CAAs who live here, raise families here, and want to serve patients here. However, without licensure, the state cannot benefit from a workforce that is already trained and ready to contribute immediately to the healthcare system.

House Bill 1558 would strengthen Maryland's anesthesia workforce, reduce reliance on costly temporary staffing, and expand patient access to timely surgical care.

For my family, the impact would also be deeply personal. Instead of spending hours each week driving across state lines to practice my profession, I could spend more time with my babies while continuing to provide safe, high-quality anesthesia care to patients in the community where we live.

I respectfully urge the Committee to support House Bill 1558.

Thank you for your time and consideration.

Sincerely,

Megan Szczukowski, CAA