



**NURSE PRACTITIONER
Association of Maryland**

“Advocating for Maryland NPs Since 1992”

March 13, 2026

Re: SB 951/HB 1558 - State board of Physicians – Anesthesiology Assistants - Licensing

Position: OPPOSE

Dear Chair, Vice Chair and Members of the Committee,

On behalf of the Nurse Practitioner Association of Maryland, Inc. (NPAM) representing over 8,500 NPs licensed in Maryland and 850 active NPAM members, I am writing to **OPPOSE SB 951/HB 2558 - State Board of Physicians – Anesthesiologist Assistants – Licensing.**

All Certified Registered Nurse Anesthetists (CRNAs) begin their career as Bachelor prepared Registered Nurses (RNs) with three to five years of critical care nursing experience before entering an anesthesia training program - a rigorous 36-month academic and clinical program of study, either a Doctor of Nursing Practice (DNP) or a Doctor of Nurse Anesthesia Practice (DNAP). This program of study prepares them for licensure as independent anesthesia providers. CRNAs must complete continuing education and recertification every four years to maintain licensure. CRNAs are independent providers and critical to providing healthcare access to underserved populations including those in rural Maryland, areas that face anesthesia shortages.

The training and licensing of Anesthesiologist Assistants (AAs) in Maryland would directly impact nurse anesthesia education that has been established, because AAs cannot train Student Registered Nurse Anesthetists (SRNAs). Expanding AA positions in clinical training sites will increase competition for and reduce case availability and hands-on learning experiences for SRNAs, directly impacting Maryland’s long-term anesthesia workforce.

CRNAs currently serve as the sole anesthesia providers in many rural facilities. AAs are not independent providers and would not close the gaps of the anesthesia shortage, as they would require direct supervision of an anesthesiologist, who are in short supply in the rural areas of Maryland. Therefore, AAs do not provide a solution to the workforce shortage. Maryland should strengthen and supplement the existing CRNA education model to ensure our citizens have access to the best anesthesia care possible.

Patient safety is imperative. CRNAs have extensive training and clinical experience and have demonstrated nearly 80 years of safe anesthesia care in Maryland. Every CRNA entering practice has managed critical care emergencies independently before administering a single anesthetic. The AA will not. As this bill proposes, the AA will require a general four-year undergraduate degree with no required prior clinical healthcare experience, followed by graduate training under physician supervision. AAs do not need to hold nursing licensure or have prior healthcare experience. CRNAs' experience and training are far superior and provide a high level of patient safety.

Further, it is uncertain how this new dependent layer will affect healthcare costs under Maryland's Total Cost of Care (TCOC) Model administered by the Health Services Cost Review Commission (HSCRC). The AA will require continuous physician anesthesiologist supervision, creating a condition in which the hospital must fund both a full AA salary and the concurrent time of a supervision physician anesthesiologist to accomplish the work currently performed by an independent CRNA, thus increasing healthcare costs.

In closing, NPAM supports CRNAs who are filling the need for accessible, safe, high-quality anesthesia care, and we support strengthening the clinical training pipeline and the development of future CRNAs who can practice independently.

For these reasons, we respectfully request you vote unfavorably to **OPPOSE SB 951/HB 1558 - State board of Physicians – Anesthesiology Assistants - Licensing.**

Should you have any questions feel free to contact me at NPAMexecdir@gmail.com.

Sincerely,

Beverly Lang, MScN, RN, ANP-BC, FAANP

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Interim Executive Director,
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